I.   BASIC PROGRAM INFORMATION

Please check one:
- ☒ Established, research based program: *Applying for Approval*
- ☐ Newly developed program: *Applying for Year 1 Conditional Approval (For any of the following items that cannot be completed, mark with NA.)*

1. Program Name	! ACHIEVE SUCCESS
2. Federal EIN or Social Security Number	80-0370563
3. Subject Areas and Grade Levels Able to Serve	*Please check subject areas and list grade levels you address in working with students.* ☒ Reading Grades 1-12 ☒ Language Arts Grades 1-12 ☒ Mathematics Grades 1-12 ☐ Other (Specify) _____ Grades _____
4. Grade Levels and Subject Areas Currently Served	*Please list subject areas and the grade levels of your students currently served.* Reading, Language Arts, Math in grades 1-12
5. Date SSP Formed	*Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.* August 2009
6. Number of Students Currently Served	*Please provide the number of students you currently serve, by subject and grade level.* 1st=17, 2nd=22, 3rd=36, 4th=55, 5th=51, 6th=72, 7th=65, 8th=71, 9th=64, 10th=66, 11th=25, 12th=26 Reading=273, Language Arts=69, Math=228
7. Minimum/Maximum Number of Students Able to Serve	*Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.* 1 (no minimum per school, but we need a minimum of 3 students to serve a district) *Please indicate the maximum number of students you will be willing to serve per school site.* 200

8. Service Area	*Please list the district(s) and school(s) in which you are able to provide services.* Districts: Omaha, Lincoln, Bellevue, Columbus, Crete, Fremont, Grand Island, Hastings, Kearney, Lexington, Millard, Papillion-La Vista, Ralston, South Sioux City, Waverly, Westside
9. Geographic Setting	*Check the setting(s) in which you are prepared to provide services.* ☒ Urban ☒ Rural ☒ Suburban

10. Place of Service	*Please check the location(s) that best describes where you deliver services to students.*
	☒ School
	☒ Business
	☒ Place of religious worship (e.g., church synagogue, mosque, temple)
	☒ Community Center
	☐ Provider's home
	☒ Student's home
	☐ On-line
	   • Accessed from: _____
	☒ Other: Library _____
	Is this location accessible to handicapped individuals?
	   ☒Yes ☐ No (virtually all libraries are ADA accessible and would be checked if needed)
	How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)
	
	For in-home tutoring no transportation is needed. If a parent chooses services at a location outside of the home, the parent is responsible for transportation.

11. Specific Student Populations Served	If your organization has provided supplemental services to any of the following groups, please check the corresponding box.
	☒ Low-Income students
	☒ Minority students
	☒ Migrant students
	☒ Limited English proficient students
	Indicate particular language(s) with which you have expertise Spanish
	☒ Special education students
	☐ Other: (describe) _____
	☐ *Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.*
	☐ Yes ☐ No
	==(we would like the opportunity to serve all students)==

12. Type of Organization	Please check the category or categories that best describe your organization.
	☒ For Profit
	☐ Not for Profit
	☐ School
	☐ District
	☐ Educational Service Unit
	☐ Institution of Higher Education
	☐ Faith-Based Organization
	☐ Community Agency
	☐ Individual
	☐ On-line
	☐ Other (describe) _____

13. Time of Service	Check the time(s) that best describe when you deliver services to students.
	☐ Before School
	☒ After School
	☒ Weekends
	☒ Summer
	☐ Other

| 14. Length of Service | (a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)
(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks)
(c) Describe how your program will operate (e.g. 60 minutes three times per week)

a) 20-40 hours
b) Up to 25 weeks
c) Custom suited to family schedule, up to 4 times per week, up to 2 hours per session |

15. Cost	*Provide an average **per pupil cost**, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a specific description of your pricing structure.* *$40-$62/hr* (varies based on the specifics of that school district)
16. Diagnostic Assessment	*Name the instrument that will be used to diagnose skill levels of each individual student.* Triumph Learning Assessments
17. Mode of Instruction	*Please indicate which keyword(s) best match your program's offerings:* ☒ Individual tutoring ☐ Small group tutoring ☐ On-line ☐ Computer Assisted ***Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.*** We specialize in 1-on-1 tutoring, working directly with the student to get them the extra help they need. We are consistently awarded the FLDOE EXCELLENT Tutoring Provider Designation based on the highest student achievement (99%), program completion, and parent/school district satisfaction. We provide highly qualified tutors who work with the student in their home or nearby location. We embrace cultural differences and enjoy working with people from all backgrounds; SE HABLA ESPAÑOL. With a proven track record of caring educators who get results, we believe our focused 1-on-1 attention is that extra boost many children need.
18(b). Technology	*If On-line and/or Computer Assisted were checked in the previous box, please complete the following.* *a. Provide documentation that you own or have an*

	agreement to use software and/or web-based tools utilized in your program. **Mark as Documentation I.18(b)** b. *Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.* c. *How will you provide orientation and consultation with the school staff, students, and parents?* d. *How will you provide continuous on-site support to participating students?*
18. Student/Instructor Ratio	*List the ratio of instructors to children in your program.* 1 students for every 1 instructor

19. SES Services in other States	*Have you provided SES services in other states?*
	    ☒ Yes ☐ No
	
	If you have provided SES services in other states, has your program ever been removed from the list of approved providers?
	    ☐ Yes ☒ No

I.   BASIC PROGRAM INFORMATION

Please check one:

    X Established, research based program: ***Applying for Approval***

    ☐ Newly developed program: ***Applying for Year 1 Conditional Approval*** *(For any of the following items that cannot be completed, mark with NA.)*

1. Program Name	**1 to 1 Tutoring**
2. Federal EIN or Social Security Number	**51-0425410**
3. Subject Areas and Grade Levels Able to Serve	*Please check subject areas and list grade levels you address in working with students.* **X** Reading Grades **K-12** **X** Language Arts Grades **K-12** **X** Mathematics Grades **K-12** ☐ Other (Specify) _____ Grades _____
4. Grade Levels and Subject Areas Currently Served	*Please list subject areas and the grade levels of your students currently served.* **Reading – K-6** **Mathematics – K-8**
5. Date SSP Formed	*Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.* **May 2004**
6. Number of Students Currently Served	*Please provide the number of students you currently serve, by subject and grade level.*
7. Minimum/Maximum Number of Students Able to Serve	*Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.* **Minimum: 1 student per school site**

Table for item 6:

Mathematics		Reading	
K	5	K	35
1	9	1	39
2	11	2	58
3	16	3	49
4	15	4	47
5	14	5	33
6	10	6	25
7	7		
8	1		

	Please indicate the maximum number of students you will be willing to serve per school site. **Maximum: 100 students per school site**
8. Service Area	*Please list the district(s) and school(s) in which you are able to provide services.* District(s): **Grand Island Public Schools** **Lincoln Public Schools** **Omaha Public Schools** **Westside Community Schools** School(s): **GRAND ISLAND PUBLIC SCHOOLS** **Early Learning Center** **Dodge Elementary School** **Engleman Elementary School** **Gates Elementary School** **Howard Elementary School** **Jefferson Elementary School** **Knickrehm Elementary School** **Lincoln Elementary School** **Newell Elementary School** **Seedling Mile Elementary School** **Shoemaker Elementary School** **Starr Elementary School** **Stolley Park Elementary School** **Wasmer Elementary School** **West Lawn Elementary School** **Barr Middle School** **Walnut Middle School** **Westridge Middle School** **Senior High School** **LINCOLN PUBLIC SCHOOLS** **Adams Elementary School** **Arnold Elementary School** **Beattie Elementary School** **Belmont Elementary School** **Brownell Elementary School** **Calvert Elementary School** **Campbell Elementary School** **Cavett Elementary School** **Clinto Elementary School** **Eastridge Elementary School** **Elliott Elementary School** **Everett Elementary School** **Fredstrom Elementary School**

Hartley Elementary School
Hill Elementary School
Holmes Elementary School
Humann Elementary School
Huntington Elementary School
Kahoa Elementary School
Kloefkorn Elementary School
Kooser Elementary School
Lakeview Elementary School
Maxey Elementary School
McPhee Elementary School
Meadow Lane Elementary School
Morley Elementary School
Norwood Elementary School
Pershing Elementary School
Prescott Elementary School
Pyrtle Elementary School
Randolph Elementary School
Riley Elementary School
Roper Elementary School
Rousseau Elementary School
Saratoga Elementary School
Sheridan Elementary School
West Lincoln Elementary School
Zeman Elementary School
Culler Middle School
Dawes Middle School
Goodrich Middle School
Irving Middle School
Lefler Middle School
Lux Middle School
Mickle Middle School
Park Middle School
Pound Middle School
Schoo Middle School
Scott Middle School
East High School
Lincoln High School
North Star High School
Northeast High School
Southeast High School
Southwest High School
Arts and Humanities Focus Program
Bryan Community School
Entrepreneurship Focus Program
Information Technology Focus Program
Science Focus Program
Don D. Sherrill Education Center
Pathfinder Education Program
Yankee Hill Program

	OMAHA PUBLIC SCHOOLS
	Adams Elementary
	Ashland Park/Robbins Elementary
	Bancroft Elementary
	Beals Elementary
	Belle Ryan Elementary
	Belvedere Elementary
	Benson West Elementary
	Boyd Elementary
	Castelar Elementary
	Catlin Magnet Elementary
	Central Park Elementary
	Chandler View Elementary
	Columbian Elementary
	Conestoga Magnet Elementary
	Crestridge Magnet Elementary
	Dodge Elementary
	Druid Hill Elementary
	Dundee Elementary
	Edison Elementary
	Field Club Elementary
	Florence Elementary
	Fontenelle Elementary
	Franklin Elementary
	Fullerton Magnet Elementary
	Gateway Elementary
	Gilder Elementary
	Gomez Heritage Elementary
	Harrison Elementary
	Hartman Elementary
	Highland Elementary
	Indian Hill Elementary
	Jackson Elementary
	Jefferson Elementary
	Joslyn Elementary
	Kellom Elementary
	Kennedy Elementary
	King Elementary
	Liberty Elementary
	Lothrop Magnet Elementary
	Masters Elementary
	Miller Park Elementary
	Minne Lusa Elementary
	Mount View Elementary
	Oak Valley Elementary
	Pawnee Elementary
	Picotte Elementary
	Pinewood Elementary
	Ponca Elementary
	Prairie Wind Elementary
	Rose Hill Elementary
	Saddlebrook Elementary
	Saratoga Elementary

Sherman Elementary
Skinner Magnet Elementary
Spring Lake Magnet Elementary
Springville Elementary
Standing Bear Elementary
Sunny Slope Elementary
Wakonda Elementary
Walnut Hill Elementary
Washington Elementary
Western Hills Magnet Elementary
Wilson Focus School
Alsfonza W. Davis Middle School
Beveridge Magnet Middle School
Bryan Middle School
Buffett Magnet Middle School
King Science & Technology Magnet Middle School
Lewis & Clark Middle School
Marrs Magnet Middle School
McMillan Magnet Middle School
Monroe Middle School
Morton Magnet Middle School
Nathan Hale Magnet Middle School
Norris Middle School
Benson High Magnet
Bryan High
Burke High
Career Center
Central High
North High Magnet
Northwest High Magnet
South High Magnet
Accelere Program
Blackburn High
Independent Study Program
JP Lord School
Parrish
The Integrated Learning Program

WESTSIDE COMMUNITY SCHOOLS
Carl A. Swanson Elementary School
Hillside Elementary School
Loveland Elementary School
Oakdale Elementary School
Paddock Road Elementary School
Prairie Lane Elementary School
Rockbrook Elementary School
Sunset Hills Elementary School
Westbrook Elementary School
Westgate Elementary School
Westside Middle School
Westside High School

9. Geographic Setting	*Check the setting(s) in which you are prepared to provide services.* **X** Urban **X** Rural **X** Suburban

10. Place of Service	*Please check the location(s) that best describes where you deliver services to students.*
	
	X School
	☐ Business
	X Place of religious worship (e.g., church synagogue, mosque, temple)
	X Community Center
	☐ Provider's home
	X Student's home
	☐ On-line
	    • Accessed from: _____
	☐ Other: _____
	
	Is this location accessible to handicapped individuals?
	    ☐Yes ☐ No
	
	How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)
	<u>Most of our tutoring takes places at students' schools and in students' homes; these locations do not trigger a need for transportation. For tutoring that takes place at places of worship or community centers, we work with parents/guardians to ensure they can provide the required transportation, that students can take public transportation, or that students can walk home.</u>

11. Specific Student Populations Served	*If your organization has provided supplemental services to any of the following groups, please check the corresponding box.*
	X Low-Income students
	X Minority students
	☐ Migrant students
	X Limited English proficient students
	    Indicate particular language(s) with which you have expertise
	X Special education students
	☐ Other: (describe) _____
	☐ *Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.*
	    ☐ Yes **X** No

12. Type of Organization	*Please check the category or categories that best describe your organization.* **X** For Profit ☐ Not for Profit ☐ School ☐ District ☐ Educational Service Unit ☐ Institution of Higher Education ☐ Faith-Based Organization ☐ Community Agency ☐ Individual ☐ On-line ☐ Other (describe) _____
13. Time of Service	*Check the time(s) that best describe when you deliver services to students.* **X** Before School **X** After School **X** Weekends **X** Summer ☐ Other
14. Length of Service	*(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)* **We will provide each student with a minimum of 23 hours of tutoring.** *(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks)* **Our program typically operates 12-14 weeks.**

	(c) Describe how your program will operate (e.g. 60 minutes three times per week) **We provide 1-hour tutoring sessions twice per week.**
15. Cost	Provide an average **per pupil cost**, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a _specific_ description of your pricing structure. **Our average cost is $65 per hour of tutoring.**
16. Diagnostic Assessment	Name the instrument that will be used to diagnose skill levels of each individual student. **The Achieve Test, published by the United Learning Center.**
17. Mode of Instruction	Please indicate which keyword(s) best match your program's offerings: **X** Individual tutoring **X** Small group tutoring ☐ On-line **X** Computer Assisted Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process. **1 to 1 Tutoring provides personalized face-to-face tutoring. We tutor students in reading, English Language Arts, and math. We use engaging and colorful workbooks to tutor kindergarten students. We use computer-based eBooks (delivered via tablets) to tutor students in grades 1-12. Tutoring takes place one-to-one or in small groups of 2-4 students per Tutor, and sessions take place twice per week and are 1 hour in length.**
18(b). Technology	If On-line and/or Computer Assisted were checked in the previous box, please complete the following. a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. **Mark as Documentation I.18(b)** **See DOCUMENTATION I.18(b).** b. Describe the minimum on-site technical requirements

	(i.e. hardware, software, internet access, etc.) necessary to implement your services effectively. **We will supply tablets on which our eBook curriculum is pre-loaded. The tablets remain in the tutor's possession in between tutoring sessions. No internet access is required.** c. *How will you provide orientation and consultation with the school staff, students, and parents?* **All tutoring takes place in-person (face-to-face), which makes providing orientation and consultation with the school staff, students, and parents/guardians convenient for all stakeholders. Our staff is on-site at students' schools providing small-group tutoring and at students' homes providing 1:1 tutoring in the presences of a parent or an adult designated by the parent.** d. *How will you provide continuous on-site support to participating students?* **All tutoring takes place in-person (face-to-face), with Tutors and Lead Tutors providing continuous on-site support to participating students.**
18. Student/Instructor Ratio	*List the ratio of instructors to children in your program.* **1-4** students for every 1 instructor
19. SES Services in other States	*Have you provided SES services in other states?* **X** Yes ☐No *If you have provided SES services in other states, has your program ever been removed from the list of approved providers?* ☐ Yes **X** No

I. BASIC PROGRAM INFORMATION

Please check one:
☒Established, research based program: ***Applying for Approval***
☐Newly developed program: ***Applying for Year 1 Conditional Approval*** *(For any of the following items that cannot be completed, mark with NA.)*

1. Program Name	1 2 3 Math and Reading
2. Federal EIN or Social Security Number	27-2103816
3. Subject Areas and Grade Levels Able to Serve	*Please check subject areas and list grade levels you address in working with students.* ☒ Reading Grades_K - 12_____ ☒ Language Arts Grades_K - 12_____ ☒ Mathematics Grades_K - 12_____ ☐ Other (Specify) _____Grades_____
4. Grade Levels and Subject Areas Currently Served	*Please list subject areas and the grade levels of your students currently served.* Reading, Language Arts and Mathematics K - 12
5. Date SSP Formed	*Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.* *03/15/2010*
6. Number of Students Currently Served	*Please provide the number of students you currently serve, by subject and grade level.* *Reading / Language Arts* *Grade K - 120* *Grade 1 - 145* *Grade 2 - 116* *Grade 3 - 195* *Grade 4 - 204* *Grade 5 - 181* *Grade 6 - 172* *Grade 7 - 159* *Grade 8 - 122* *Grade 9 - 161* *Grade 10 - 155* *Grade 11 - 162* *Grade 12 - 177* *Math* *Grade K - 82* *Grade 1 - 103* *Grade 2 - 109*

	Grade 3 - 181 *Grade 4 - 217* *Grade 5 - 119* *Grade 6 - 126* *Grade 7 - 274* *Grade 8 - 212* *Grade 9 - 121* *Grade 10 - 139* *Grade 11 - 151* *Grade 12 - 194*
7. Minimum/Maximum Number of Students Able to Serve	*Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.* *1 student* *Please indicate the maximum number of students you will be willing to serve per school site.* *5000 students*
8. Service Area	*Please list the district(s) and school(s) in which you are able to provide services.* District(s): All School(s): All
9. Geographic Setting	*Check the setting(s) in which you are prepared to provide services.* ☒ Urban ☒ Rural ☒ Suburban
10. Place of Service	*Please check the location(s) that best describes where you deliver services to students.* ☐ School ☐ Business ☐ Place of religious worship (e.g., church synagogue, mosque, temple) ☐ Community Center ☐ Provider's home ☐ Student's home ☒ On-line • Accessed from: Student's home ☐ Other: Is this location accessible to handicapped individuals? ☐Yes ☐ No *How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)*

	N/A
11. Specific Student Populations Served	*If your organization has provided supplemental services to any of the following groups, please check the corresponding box.* ☒ Low-Income students ☒ Minority students ☒ Migrant students ☐ Limited English proficient students Indicate particular language(s) with which you have expertise ☒ Special education students ☐ Other: (describe) _____ ☐ *Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.* ☐ Yes ☒ No
12. Type of Organization	*Please check the category or categories that best describe your organization.* ☒ For Profit ☐ Not for Profit ☐ School ☐ District ☐ Educational Service Unit ☐ Institution of Higher Education ☐ Faith-Based Organization ☐ Community Agency ☐ Individual ☐ On-line ☐ Other (describe) _____
13. Time of Service	*Check the time(s) that best describe when you deliver services to students.* ☒ Before School ☒ After School ☒ Weekends ☒ Summer ☐ Other
14. Length of Service	*(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)* *15 to 30 hours (Depending upon the amount per pupil allocated, by the district)* *(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks)* *3 months* *(c) Describe how your program will operate (e.g. 60 minutes three times per week)*

	90 minutes, 4 to 5 times per week
15. Cost	Provide an average **per pupil cost**, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a _specific_ description of your pricing structure. $50 per hour
16. Diagnostic Assessment	Name the instrument that will be used to diagnose skill levels of each individual student. PLATO® eduTest Assessment
17. Mode of Instruction	Please indicate which keyword(s) best match your program's offerings: ☐ Individual tutoring ☐ Small group tutoring ☒ On-line ☐ Computer Assisted Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process. 1 2 3 Math and Reading teaches students through animations and interactive lessons on the computer combined with frequent remedial interactions with tutors. In the past years, the scores of the students in Math performing 2 grade levels below their current grade level increased by 15%, and those of performing 1 grade level below their current grade level increased by 21% from the pre-assessment to the post assessment tests.
18(b). Technology	If On-line and/or Computer Assisted were checked in the previous box, please complete the following. a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. **Mark as Documentation I.18(b)** We have developed our own online platform. This is a proprietary software, and hence no license or agreement is required. b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.

	No on-site equipment is required, as we provide Internet enabled laptop / tablet to every student, who doesn't have it already. c. *How will you provide orientation and consultation with the school staff, students, and parents?* *The consultation with the school staff, students and parents will be done either online, or over phone* d. *How will you provide continuous on-site support to participating students?* *We have a team of support staff, who provide on-site support, if needed.*
18. Student/Instructor Ratio	*List the ratio of instructors to children in your program.* 1 student for every 1 instructor
19. SES Services in other States	*Have you provided SES services in other states?* ☒ Yes ☐No *If you have provided SES services in other states, has your program ever been removed from the list of approved providers?* ☐ Yes ☒No

I. BASIC PROGRAM INFORMATION

Please check one:

☒ Established, research based program: ***Applying for Approval***

☐ Newly developed program: ***Applying for Year 1 Conditional Approval*** *(For any of the following items that cannot be completed, mark with NA.)*

1. Program Name	24 Hours Tutoring LLC
2. Federal EIN or Social Security Number	27-5243133
3. Subject Areas and Grade Levels Able to Serve	*Please check subject areas and list grade levels you address in working with students.* ☒ Reading Grades _K - 12_ ☒ Language Arts Grades _K - 12_ ☒ Mathematics Grades _K - 12_ ☐ Other (Specify) _____ Grades _____
4. Grade Levels and Subject Areas Currently Served	*Please list subject areas and the grade levels of your students currently served.* Reading, Language Arts and Mathematics K - 12
5. Date SSP Formed	*Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.* *02/09*
6. Number of Students Currently Served	*Please provide the number of students you currently serve, by subject and grade level.* *Math* *Grade / Number of students* *K / 59* *1 / 47* *2 / 24* *3 / 103* *4 / 147* *5 / 92* *6 / 85* *7 / 77* *8 / 81* *9 / 48* *10 / 102* *11 / 127* *12 / 55* *Reading* *Grade / Number of students* *K / 29*

	1 / 106 2 / 25 3 / 64 4 / 47 5 / 102 6 / 65 7 / 71 8 / 99 9 / 75 10 / 67 11 / 84 12 / 73
7. Minimum/Maximum Number of Students Able to Serve	*Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.* *1 student* *Please indicate the maximum number of students you will be willing to serve per school site.* **5000 students**
8. Service Area	*Please list the district(s) and school(s) in which you are able to provide services.* District(s): All School(s): All
9. Geographic Setting	*Check the setting(s) in which you are prepared to provide services.* ☒ Urban ☒ Rural ☒ Suburban
10. Place of Service	*Please check the location(s) that best describes where you deliver services to students.* ☐ School ☐ Business ☐ Place of religious worship (e.g., church synagogue, mosque, temple) ☐ Community Center ☐ Provider's home ☐ Student's home ☒ On-line • Accessed from: _____ ☐ Other:

	Is this location accessible to handicapped individuals? ☐ Yes ☐ No *How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)*
11. Specific Student Populations Served	*If your organization has provided supplemental services to any of the following groups, please check the corresponding box.* ☒ Low-Income students ☒ Minority students ☒ Migrant students ☐ Limited English proficient students Indicate particular language(s) with which you have expertise ☒ Special education students ☐ Other: (describe) _____ ☐ *Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.* ☐ Yes ☒ No
12. Type of Organization	*Please check the category or categories that best describe your organization.* ☒ For Profit ☐ Not for Profit ☐ School ☐ District ☐ Educational Service Unit ☐ Institution of Higher Education ☐ Faith-Based Organization ☐ Community Agency ☐ Individual ☐ On-line ☐ Other (describe) _____
13. Time of Service	*Check the time(s) that best describe when you deliver services to students.* ☒ Before School ☒ After School ☒ Weekends ☒ Summer ☐ Other
14. Length of Service	*(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)* 15 to 25 hours *(b) Describe the length of time you estimate your program will*

	operate (e.g. 15 weeks) *3 months* *(c) Describe how your program will operate (e.g. 60 minutes three times per week)* *90 minutes, 4 to 5 times per week*
15. Cost	*Provide an average **per pupil cost**, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a __specific__ description of your pricing structure.* *$50*
16. Diagnostic Assessment	*Name the instrument that will be used to diagnose skill levels of each individual student.* *GRADE and GMADE developed by Pearson Education Inc.*
17. Mode of Instruction	*Please indicate which keyword(s) best match your program's offerings:* ☐ Individual tutoring ☐ Small group tutoring ☒ On-line ☐ Computer Assisted *Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.* At 24 Hours Tutoring LLC, we teach students through animations and interactive lessons on the computer combined with frequent remedial interactions with tutors. All of our students learn with the aim of performing well on their state exams and our state aligned curriculum helps them to achieve the same. In the past years, the scores of the students in Math performing 2 grade levels below their current grade level increased by 12%, and those of performing 1 grade level below their current grade level increased by 18% from the pre-assessment to the post

	assessment tests.

18(b). Technology	*If On-line and/or Computer Assisted were checked in the previous box, please complete the following.*
	    a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. **Mark as Documentation I.18(b)**
	
	The tutoring platform has been developed by us, and hence no license or agreement is required.
	
	    b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.
	We don't require on-site equipment as we provide Internet enabled laptop / tablet to every student, who doesn't have it already.
	
	    c. How will you provide orientation and consultation with the school staff, students, and parents?
	
	We contact school staff, students and parents over phone for orientation and consultation.
	    d. How will you provide continuous on-site support to participating students?
	
	We provide on-site support through a team of support staff.

18. Student/Instructor Ratio	*List the ratio of instructors to children in your program.* 1 student for every 1 instructor
19. SES Services in other States	*Have you provided SES services in other states?* ☒Yes ☐No *If you have provided SES services in other states, has your program ever been removed from the list of approved providers?* ☐ Yes ☒No

I. BASIC PROGRAM INFORMATION

Please check one:
☒Established, research based program: *Applying for Approval*
☐Newly developed program: *Applying for Year 1 Conditional Approval (For any of the following items that cannot be completed, mark with NA.)*

1. Program Name	Arrowhead Tutors
2. Federal EIN or Social Security Number	27-0451123
3. Subject Areas and Grade Levels Able to Serve	*Please check subject areas and list grade levels you address in working with students.* ☒ Reading Grades Kindergarten - 12 ☒ Language Arts Grades Kindergarten - 12 ☒ Mathematics Grades Kindergarten - 12 ☐ Other (Specify) Grades_____
4. Grade Levels and Subject Areas Currently Served	*Please list subject areas and the grade levels of your students currently served.* Pre Kindergarten – College all subjects and test prep
5. Date SSP Formed	*Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.* October 2013
6. Number of Students Currently Served	*Please provide the number of students you currently serve, by subject and grade level.* Kindergarten – 3 1st Grade – 12 2nd Grade – 7 3rd Grade – 40 4th Grade – 49 5th Grade – 58 6th Grade – 23 7th Grade – 7 8th Grade – 1 9th Grade – 8 10th Grade – 4 11th Grade – 8 College – 3 Mathematics – 73 Reading/Language Arts – 119 History – 5 Science – 5 Foreign Language – 2 Test Prep – 4

7. Minimum/Maximum Number of Students Able to Serve	*Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.* 2 *Please indicate the maximum number of students you will be willing to serve per school site.* District Maximum
8. Service Area	*Please list the district(s) and school(s) in which you are able to provide services.* District(s): All School(s): All
9. Geographic Setting	*Check the setting(s) in which you are prepared to provide services.* ☒ Urban ☒ Rural ☒ Suburban
10. Place of Service	*Please check the location(s) that best describes where you deliver services to students.* ☒ School ☒ Business ☒ Place of religious worship (e.g., church synagogue, mosque, temple) ☒ Community Center ☐ Provider's home ☒ Student's home ☐ On-line • Accessed from: _____ ☐ Other: _____ Is this location accessible to handicapped individuals? ☐ Yes ☐ No *How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)* Transportation is not provided by Arrowhead Tutors, Inc.

11. Specific Student Populations Served	*If your organization has provided supplemental services to any of the following groups, please check the corresponding box.* ☒ Low-Income students ☒ Minority students ☐ Migrant students ☒ Limited English proficient students Indicate particular language(s) with which you have expertise Spanish ☐ Special education students ☐ Other: (describe) ☐ *Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.* ☐ Yes ☒ No
12. Type of Organization	*Please check the category or categories that best describe your organization.* ☒ For Profit ☐ Not for Profit ☐ School ☐ District ☐ Educational Service Unit ☐ Institution of Higher Education ☐ Faith-Based Organization ☐ Community Agency ☐ Individual ☐ On-line ☐ Other (describe)
13. Time of Service	*Check the time(s) that best describe when you deliver services to students.* ☒ Before School ☒ After School ☒ Weekends ☒ Summer ☒ Other
14. Length of Service	(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours) (b) Describe the length of time you estimate your program will operate (e.g. 15 weeks) (c) Describe how your program will operate (e.g. 60 minutes three times per week) (a) 15 – 30 hours (b) 4 – 15 weeks (c) 60 minutes – 180 minutes; 1 – 5 sessions per week

15. Cost	*Provide an average **per pupil cost**, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a specific description of your pricing structure.* Unit of Service = 1hour per student Average per Pupil Cost - $53.33
16. Diagnostic Assessment	*Name the instrument that will be used to diagnose skill levels of each individual student.* Achieve Assessment Test
17. Mode of Instruction	*Please indicate which keyword(s) best match your program's offerings:* ☒ Individual tutoring ☒ Small group tutoring ☐ On-line ☐ Computer Assisted *Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.* Arrowhead Tutors, Inc. offers a complete learning experience in Mathematics or Reading/Language Arts for grades K-12. Our highly qualified staff assists our students with their unique educational needs in small group or one-on-one tutoring sessions. Our services are offered in convenient locations, such as the student's school or a public library. Students completing our program show an average gain of 16% across all grade levels and an average grade equivalency improvement of 7 months.
18(b). Technology	*If On-line and/or Computer Assisted were checked in the previous box, please complete the following.* *a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. **Mark as Documentation I.18(b)*** *b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.* *c. How will you provide orientation and consultation with the school staff, students, and parents?* *d. How will you provide continuous on-site support to participating students?*

18. Student/Instructor Ratio	*List the ratio of instructors to children in your program.* _1 – 9_ students for every 1 instructor
19. SES Services in other States	*Have you provided SES services in other states?* ☒ Yes ☐ No *If you have provided SES services in other states, has your program ever been removed from the list of approved providers?* ☐ Yes ☒ No

I. BASIC PROGRAM INFORMATION

Please check one:

X- Established, research based program: *Applying for Approval*

☐ Newly developed program: *Applying for Year 1 Conditional Approval (For any of the following items that cannot be completed, mark with NA.)*

1. Program Name	The Children's Carousel Charitable Foundation, Inc. Brave The Elements
2. Federal EIN or Social Security Number	46-2571674
3. Subject Areas and Grade Levels Able to Serve	*Please check subject areas and list grade levels you address in working with students.* ☒ Reading Grades__ **K-12**_____ ☒ Language Arts Grades___**K-12**_____ ☒ Mathematics Grades___**K-12**_____ ☒ Other (Specify) ____**ESL**___ Grades__**K-12**__
4. Grade Levels and Subject Areas Currently Served	*Please list subject areas and the grade levels of your students currently served.* **Reading K-12, Lang. Arts K-12, and Mathematics K-12**
5. Date SSP Formed	*Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.* **August 31, 2009 to current year 2014 This would be the Fifth Year of Tutoring**
6. Number of Students Currently Served	*Please provide the number of students you currently serve, by subject and grade level.* **102- Students – Total** **98- Reading 14-Lang. Arts 98-Math** **Kinder-5th** **31 Reading & Math 6th – 8th** **26 Reading & Math 9th – 12th** **41 Reading & Math 3rd- 9th** **14 Lang. Arts**
7. Minimum/Maximum Number of Students Able to Serve	*Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.* **Minimum-1 Per School Site**

	Please indicate the maximum number of students you will be willing to serve per school site. ***Maximum-200 Per School Site***
8. Service Area	*Please list the district(s) and school(s) in which you are able to provide services.* District(s): **All - Statewide** School(s): **All - Statewide**
9. Geographic Setting	*Check the setting(s) in which you are prepared to provide services.* X-☒ Urban ☐ Rural X-☒ Suburban

10. Place of Service	*Please check the location(s) that best describes where you deliver services to students.*
	☐ School
	☐ Business
	☐ Place of religious worship (e.g., church synagogue, mosque, temple)
	☐ Community Center
	☐ Provider's home
	X-☒ Student's home
	X-☒ On-line
	  • Accessed from: Tablet/Computer-Home
	☐ Other: _____
	Is this location accessible to handicapped individuals?
	  X-☐Yes ☐ No
	How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)
	
	There is no need for transportation.

11. Specific Student Populations Served	*If your organization has provided supplemental services to any of the following groups, please check the corresponding box.*
	X-☒ Low-Income students
	X-☒ Minority students
	☐ Migrant students
	X-☒ Limited English proficient students
	    Indicate particular language(s) with which you have expertise Spanish Speakers
	X-☒ Special education students
	☐ Other: (describe) _____
	☐ *Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.*
	    ☐ Yes X-☒No

12. Type of Organization	*Please check the category or categories that best describe your organization.* ☐ For Profit X-☒ Not for Profit ☐ School ☐ District ☐ Educational Service Unit ☐ Institution of Higher Education ☐ Faith-Based Organization ☐ Community Agency ☐ Individual X-☒ On-line ☐ Other (describe) _____
13. Time of Service	*Check the time(s) that best describe when you deliver services to students.* X-☒ Before School X-☒ After School X-☒ Weekends X-☒ Summer X- Holidays -☐ Other
14. Length of Service	(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours) **Thirty Hours** (b) Describe the length of time you estimate your program will operate (e.g. 15 weeks) **Six To Eight Weeks** (c) Describe how your program will operate (e.g. 60 minutes three times per week) **The program will operate 2 Hrs. three times per week.**

15. Cost	*Provide an average __per pupil cost__, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a specific description of your pricing structure.* **$70.00 Per Hour Per Student Tutoring Individually** **$60.00 Per Hour Per Student Tutoring Small Groups** **Average Program is 6 to 8 Weeks of Tutoring**
16. Diagnostic Assessment	*Name the instrument that will be used to diagnose skill levels of each individual student.* **Triumph Coach for each grade level Kinder thru 12th grades. Math, Reading, Lang. Arts** **Brainchild for Science, Math, Reading, Lang. Arts** **Study Island Nebraska for Science, Math, Reading, Language Arts**
17. Mode of Instruction	*Please indicate which keyword(s) best match your program's offerings:* **X-☒ Individual tutoring** **X-☒ Small group tutoring** **X-☒ On-line** **X-☒ Computer Assisted**

	Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.
	Brave the Elements, The Children's Carousel Charitable Foundation, Inc. has been tutoring students online, with qualified certified teachers for over five years. The online tutoring is achieved using tablets or laptops. The proven research based curriculum provides pre and post testing for students to guage were they are presently, and take them as high as they want to go academically. Our trained tutors identify student's educational needs noting individual strengths and weaknesses via testing. We tutor all students in grades K-12 in Reading, Math, Language Arts, and Science. Students can tutor before school, after school, weekends, evenings, and on holidays one-on-one with a tutor, individually, or in small groups.
18(b). Technology	*If On-line and/or Computer Assisted were checked in the previous box, please complete the following.* a. *Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program.* **Mark as Documentation I.18(b)** b. *Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.* c. *How will you provide orientation and consultation with the school staff, students, and parents?* d. *How will you provide continuous on-site support to participating students?*

I. BASIC PROGRAM INFORMATION

Please check one:

✓ Established, research based program: ***Applying for Approval***

☐ Newly developed program: ***Applying for Year 1 Conditional Approval*** *(For any of the following items that cannot be completed, mark with NA.)*

1. Program Name	ESU No 6 Supplemental Educational Services
2. Federal EIN or Social Security Number	EIN# 47-0495481
3. Subject Areas and Grade Levels Able to Serve	*Please check subject areas and list grade levels you address in working with students.* ✓ Reading Grades___1-12___ ✓ Language Arts Grades___1-12___ ✓ Mathematics Grades___1-12___ ☐ Other (Specify)_____Grades_____
4. Grade Levels and Subject Areas Currently Served	*Please list subject areas and the grade levels of your students currently served.* **ESU 6 is currently an approved provider in NE and serves students in first through twelfth grades**
5. Date SSP Formed	*Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.* **ESU 6 began providing SES in partnership with Huddle Learning LLC in Nebraska schools in the 2009-10 school year. (August 2009)**
6. Number of Students Currently Served	*Please provide the number of students you currently serve, by subject and grade level.* **The ESU No 6 SES program is currently not serving students, but it is anticipated that services will begin in the Grand Island Public Schools in March and in Lincoln Public Schools in April.**
7. Minimum/Maximum	*Please indicate the minimum number of students who*

Number of Students Able to Serve	*must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.* **Six (6) students** . *Please indicate the maximum number of students you will be willing to serve per school site.* **ESU No 6, Inc., a political subdivision in Nebraska and an approved 501c3 corporation is capable of serving 1500 students**
8. Service Area	*Please list the district(s) and school(s) in which you are able to provide services.* District(s): All Districts in Nebraska School(s): All Schools in Nebraska
9. Geographic Setting	*Check the setting(s) in which you are prepared to provide services.* ✓ Urban ✓ Rural ✓ Suburban
10. Place of Service	*Please check the location(s) that best describes where you deliver services to students.* ✓ School ☐ Business ☐ Place of religious worship (e.g., church synagogue, mosque, temple) ☐ Community Center ☐ Provider's home ☐ Student's home ✓ On-line • Accessed from: _____ ☐ Other: _____ Is this location accessible to handicapped individuals? ✓ Yes ☐ No *How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)*

	Transportation is provided either by contracting with the local school district or through arrangements with the student's parent. Often this is done by reimbursing parent(s) with gas certificates.

11. Specific Student Populations Served	*If your organization has provided or can provide supplemental services to any of the following groups, please check the corresponding box.*
	✓ Low-Income students
	✓ Minority students
	✓ Migrant students
	✓ Limited English proficient students
	    Indicate particular language(s) with which you have expertise we use interpreters
	✓ Special education students
	☐ Other: (describe)
	☐ *Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.*
	    ☐ Yes ✓No

12. Type of Organization	*Please check the category or categories that best describe your organization.* ☐ For Profit ☐ Not for Profit ☐ School ☐ District ✓ Educational Service Unit ☐ Institution of Higher Education ☐ Faith-Based Organization ☐ Community Agency ☐ Individual ☐ On-line ☐ Other (describe)
13. Time of Service	*Check the time(s) that best describe when you deliver services to students.* ✓ Before School

	☑ After School
	☐ Weekends
	☑ Summer
	☐ Other
14. Length of Service	(a) *Describe the total number of hours tutoring will be provided (e.g. 40 hours)*
	In most cases, between 45 and 50 hours
	(b) *Describe the length of time you estimate your program will operate (e.g. 15 weeks)*
	Approximately 15 to 16 weeks
	(c) *Describe how your program will operate (e.g. 60 minutes three times per week)*
	Approximately 1&1/2 hrs/session and two or three days a week
15. Cost	*Provide an average **per pupil cost**, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a specific description of your pricing structure.*
	ESU No 6 fees are $50/hour for individual tutoring sessions and $40/student/hour for small group sessions (no more than six students per session)
16. Diagnostic Assessment	*Name the instrument that will be used to diagnose skill levels of each individual student.*
	ESU No 6 uses the NWEA MAP or the Acuity assessment for pre and post testing. Students are assessed in Reading. Language Arts, and Math, benchmarked against State of Nebraska standards. In addition, diagnostic tests are used such as the Quick Reading Test and each computerized software program has individualized assessments with artificial intelligence to bridge up or down.
17. Mode of Instruction	*Please indicate which keyword(s) best match your program's offerings:*
	☑ Individual tutoring
	☑ Small group tutoring
	☑ On-line
	☑ Computer Assisted

	Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process. **The ESU No 6 tutoring program is designed to identify a student's learning strengths and weaknesses and to help the student master important reading, language arts, and math skills. The program uses a combination of effective tutoring practices and the best of computer assisted learning tools. ESU No 6 students start with an assessment, followed by development of a learning plan targeting student weaknesses. Students are encouraged to attend regularly and tutors use incentives to motivate students to work hard and accomplish the goals of their learning plans. Tutoring time is split between homework help, targeted reading intervention, and math skills and tutors maintain biweekly contact with the student's parents and teachers and typically outperform students with other tutoring providers.**

18(b). Technology	*If On-line and/or Computer Assisted were checked in the previous box, please complete the following.*
	
	   *a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. See **Documentation I.18(b)***
	
	   b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.
	
	Computers (PC or Mac) with internet access and a browser.
	
	   c. How will you provide orientation and consultation with the school staff, students, and parents?
	
	Management of ESU No 6 SES will assist/consult in setting up the computers with the schools technical staff. The ESU No 6 SES coordinators conduct on site orientation with both parents and students. In most cases, staff from the school is used as tutors and undergo a minimum of 10-12 hours of training in the

	ESU No 6 SES model and the tools used in tutoring sessions. On-going monitoring of tutors and student participation and performance is maintained through observation, phone calls, email, and on-line monitoring d. *How will you provide continuous on-site support to participating students?* **Students will attend sessions with tutors present and some additional learning may be offered to students from remote sites. Continuous support is provided by the student's tutor.**
18. Student/Instructor Ratio	*List the ratio of instructors to children in your program.* **Six (6) or less** students for every 1 instructor

19. SES Services in other States	*Have you provided SES services in other states?*
	        ✓ Yes ☐ No
	
	If you have provided SES services in other states, has your program ever been removed from the list of approved providers?
	        ☐ Yes ✓ No

II.   INDICATORS OF QUALITY

The following measures will help the Nebraska State Department of Education determine the quality of services you provide.

A. Evidence of Effectiveness (If applying for *Conditional Approval*, go to Part B) – 12 points

Provide descriptions of your program's evidence of effectiveness indicators for at least two of the following indicators. Please cite all sources of evidence.

These indicators are listed in order of priority, with strongest consideration given to evidence of positive impact on student achievement on classroom, district, or nationally available tests, particularly for low-income underachieving students. Evidence of positive impact on additional outcomes will also be considered (e.g., school grades, family/parent satisfaction, student

I. BASIC PROGRAM INFORMATION

Please check one:
☒ Established, research based program: **Applying for Approval**
☐ Newly developed program: **Applying for Year 1 Conditional Approval** *(For any of the following items that cannot be completed, mark with NA.)*

1. Program Name	ESU No. 19 Strategic Tutoring program
2. Federal EIN or Social Security Number	47-6002629
3. Subject Areas and Grade Levels Able to Serve	*Please check subject areas and list grade levels you address in working with students.* ☒ Reading Grades_____K-8_____ ☒ Language Arts Grades____K-8_____ ☒ Mathematics Grades_____K-8_____ ☐ Other (Specify)_____Grades_____
4. Grade Levels and Subject Areas Currently Served	*Please list subject areas and the grade levels of your students currently served.* ESU No. 19, Strategic Tutoring Program, has provided approximately 1,900 elementary and middle school students with SES services in the 2013- 2014 school year, grade K-8. Services were provided to student from 29 schools.
5. Date SSP Formed	*Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.* ESU No. 19 SES services began during the 2010-2011 school year: • Morning Sessions before school began January 5, 2011 (Monday-Friday) • Saturday Sessions began January 15, 2011 • After school sessions began in November 2012
6. Number of Students Currently Served	*Please provide the number of students you currently serve, by subject and grade level.* For the 2013-2014 school year: • Morning and after school sessions included 1,900 students
7. Minimum/Maximum Number of Students Able to Serve	*Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.* One (1) *Please indicate the maximum number of students you will be willing to serve per school site.* The ESU No. 19 Strategic Tutoring Program will not exceed a tutoring ratio greater than 1:8. We will provide services to all eligible students in the SES program.

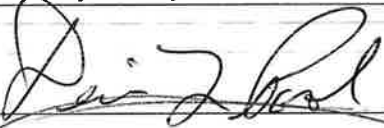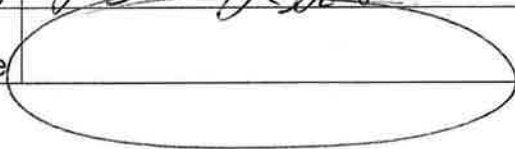# APPLICATION FOR SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDERS IN NEBRASKA

Instructions

Please review and follow all directions carefully when completing this application. Please limit each response to the space provided. No supplemental material beyond what is specifically requested in the application will be considered. If you have questions, please contact Randy McIntyre at the Nebraska Department of Education. Email: randy.mcintyre@nebraska.gov
Phone: 402-471-1749

- **SES Providers must apply annually**
- **Formatting Requirements: Font size – 11 pt., single spaced**

Provider Name	Educational Service Unit No. 19
Contact Name	Dr. Dennis L. Pool
Address	4514 South 67th Street
City, State, ZIP	Omaha, NE 68117-1088
Phone	(402) 596-0340
Fax	(402) 596-0379
Email	dennis.pool@esu19.org
Website	www.esu19.org
Hours of Operation	Monday-Friday, 7:30 a.m. to 5:30 p.m.
Signature of Chief Operating Official **(Please sign in blue ink)**	
Date	

Application must be received at NDE by March 1, 2014

Completed applications should be mailed to:

Randy McIntyre, Title I School Improvement Coordinator
Nebraska Department of Education
301 Centennial Mall South
PO Box 94987
Lincoln, NE 68509

8. Service Area	*Please list the district(s) and school(s) in which you are able to provide services.* District(s): Omaha Public Schools School(s): K-8
9. Geographic Setting	*Check the setting(s) in which you are prepared to provide services.* ☒ Urban ☐ Rural ☐ Suburban

10. Place of Service	*Please check the location(s) that best describes where you deliver services to students.*
	☒ School
	☐ Business
	☐ Place of religious worship (e.g., church synagogue, mosque, temple)
	☐ Community Center
	☐ Provider's home
	☐ Student's home
	☐ On-line
	   • Accessed from: _____
	☐ Other: _____
	Is this location accessible to handicapped individuals?
	   ☒Yes ☐ No
	How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)
	The student's parents/guardians will be responsible for arranging transportation for the student to and from the program.

11. Specific Student Populations Served	*If your organization has provided supplemental services to any of the following groups, please check the corresponding box.*
	☒ Low-Income students
	☒ Minority students
	☒ Migrant students
	☒ Limited English proficient students
	    Indicate particular language(s) with which you have expertise: Spanish, Nuer, Somali, Sino-Tibetan, Nepali, Karen, French, Vietnamese, Arabic, Russian languages
	
	☒ Special education students
	☒ Other: (describe) ___Homeless___
	☐ *Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.*
	      ☐ Yes ☒No

12. Type of Organization	*Please check the category or categories that best describe your organization.* ☐ For Profit ☐ Not for Profit ☐ School ☐ District ☒ Educational Service Unit ☐ Institution of Higher Education ☐ Faith-Based Organization ☐ Community Agency ☐ Individual ☐ On-line ☐ Other (describe) _____
13. Time of Service	*Check the time(s) that best describe when you deliver services to students.* ☒ Before School ☒ After School ☒ Weekends (No weekend service beginning in 2012-13) ☒ Summer ☒ Other Spring Break School
14. Length of Service	*(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)* *(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks)* *(c) Describe how your program will operate (e.g. 60 minutes three times per week)* The Strategic Tutoring program is designed to provide up to 8 hours of instruction per week. Strategic Tutoring sessions will be provided for up to 20 weeks throughout the school year and up to 5 weeks in the summer. The frequency and intensity of tutoring sessions during the school year will be determined based on each student's developmental needs (e.g. students may receive up to 120 minutes per day up to 4 times per week, 60 minutes a day up to 5 times per week, and up to 3 hours each day in the summer.)
15. Cost	*Provide an average **per pupil cost**, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a specific description of your pricing structure.* The average cost per student per week is $65.00.
16. Diagnostic Assessment	*Name the instrument that will be used to diagnose skill levels of each individual student.* Multiple sources will be used as diagnostic tools to assess student progress and proficiency including: • Standardized Tests • Acuity Prescreen & Midyear Tests • K-2 Reading Assessment • K-2 Mathematics Assessment • Classroom Assessments • NWEA/MAP Test

	• IEP Data • Intervention Indicator Report Prior to the Strategic Tutoring program starting, the individual schools will be asked to identify the eligible students who are being recommended for SES based upon the above data and resources used in the building for identifying students in need or those students whose parents have requested participation in SES. The ESU No. 19 STP tutors are certified teachers who work with the students regularly and/or coordinate with the classroom teachers to ensure appropriate teaching strategies and assessment strategies are implemented. As the ESU No. 19 Strategic Tutoring Program is expanded and the program design is enhanced for the 2014-2015 school year, ESU No. 19 will again hire an evaluator to analyze both qualitative and quantitative data to determine the effectiveness of the program. ESU No. 19 will use the official process of the Omaha Public Schools for accessing needed and appropriate student identifiable data, which requires parent consent for the release of information.
17. Mode of Instruction	*Please indicate which keyword(s) best match your program's offerings:* ☒ Individual tutoring ☒ Small group tutoring ☐ On-line ☐ Computer Assisted *Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.* The ESU No. 19 Strategic Tutoring Program will provide small-group tutoring sessions focused on essential skills in reading, writing, and mathematics before school, after school, and during the summer. Certified teachers will develop individualized success plans for each student and design specific learning goals based on diagnostic assessments. The Strategic Tutoring sessions are designed to include direct strategy instruction to students with opportunities for students to practice and apply the skills and strategies within a supportive learning environment. Students will be taught strategies they can use and apply in everyday learning situations. Formative assessment will be used throughout the tutoring sessions in order to continually diagnose student needs, adapt instruction, and provide feedback to students.
18(b). Technology	*If On-line and/or Computer Assisted were checked in the previous box, please complete the following.* a. *Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program.* **Mark as Documentation I.18(b)** b. *Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary*

	to implement your services effectively. c. How will you provide orientation and consultation with the school staff, students, and parents? d. How will you provide continuous on-site support to participating students? N/A
18. Student/Instructor Ratio	*List the ratio of instructors to children in your program.* Up to 8 students to every 1 tutor
19. SES Services in other States	*Have you provided SES services in other states?* ☐ Yes ☒No *If you have provided SES services in other states, has your program ever been removed from the list of approved providers?* ☐ Yes ☐No

I. BASIC PROGRAM INFORMATION

Please check one:

☒ Established, research based program: *Applying for Approval*

☐ Newly developed program: *Applying for Year 1 Conditional Approval (For any of the following items that cannot be completed, mark with NA.)*

1. Program Name	**Huntington Learning Centers, Inc.**
2. Federal EIN or Social Security Number	**22-2602261**
3. Subject Areas and Grade Levels Able to Serve	*Please check subject areas and list grade levels you address in working with students.* ☒ Reading Grades **K-12** ☒ Language Arts Grades **K-12** ☒ Mathematics Grades **K-12** ☐ Other (Specify) _____ Grades _____
4. Grade Levels and Subject Areas Currently Served	*Please list subject areas and the grade levels of your students currently served.* **Currently providing Reading, Language Arts, and Math skills nationwide to students ranging from Kindergarten-12th grade.**
5. Date SSP Formed	*Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.* **Huntington Learning Center has been successfully providing supplemental educational services to students since June, 1977.**
6. Number of Students Currently Served	*Please provide the number of students you currently serve, by subject and grade level.* **Huntington Learning Center is currently servicing approximately 20,000 students throughout the United States. These students, ranging from Kindergarten through 12th grade, work on Reading, Language Arts, or Math skills while in attendance.**
7. Minimum/Maximum Number of Students Able to Serve	*Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.* **The minimum number of students that must be enrolled in order to serve a school is 10 students.** *Please indicate the maximum number of students you will be willing to serve per school site.* **There is no maximum number of students who can be provided services per school site.**

8. Service Area	Please list the district(s) and school(s) in which you are able to provide services.
	District(s): **All in urban/suburban geographic settings**
	School(s): **All in urban/suburban geographic settings**
9. Geographic Setting	Check the setting(s) in which you are prepared to provide services. ☒ Urban ☐ Rural ☒ Suburban
10. Place of Service	Please check the location(s) that best describes where you deliver services to students. ☒ School ☐ Business ☒ Place of religious worship (e.g., church synagogue, mosque, temple) ☒ Community Center ☐ Provider's home ☐ Student's home ☐ On-line • Accessed from: _____ ☐ Other: _____ Is this location accessible to handicapped individuals? ☒ Yes ☐ No *How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)* **Huntington Learning Center does not provide transportation to students. We attempt to offer services at locations that are in close proximity to students' schools and homes and accessible via public transportation (as available).**

11. Specific Student Populations Served	If your organization has provided supplemental services to any of the following groups, please check the corresponding box. ☒ Low-Income students ☒ Minority students ☒ Migrant students ☒ Limited English proficient students 　　Indicate particular language(s) with which you have expertise **We have experience providing services to a significant number of student who come from Spanish-speaking households. It should be noted that our curricula is in English.** ☒ Special education students ☐ Other: (describe) _____ ☐ *Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.* 　　☐ Yes　　　☒ No
12. Type of Organization	*Please check the category or categories that best describe your organization.* ☒ For Profit ☐ Not for Profit ☐ School ☐ District ☐ Educational Service Unit ☐ Institution of Higher Education ☐ Faith-Based Organization ☐ Community Agency ☐ Individual ☐ On-line ☐ Other (describe) _____
13. Time of Service	*Check the time(s) that best describe when you deliver services to students.* ☒ Before School ☒ After School ☒ Weekends ☒ Summer ☐ Other
14. Length of Service	*(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)* *(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks)* *(c) Describe how your program will operate (e.g. 60 minutes three times per week)* **a. Students will be provided with a minimum of 30 hours of tutoring.** **b. Approximately 8-15 weeks, depending on the student's weekly schedule.** **c. Students typically attend 2-3 sessions per week for 1.5-2 hours per session (totaling 3-6 hours per week).**
15. Cost	*Provide an average **per pupil cost**, per unit of service.*

	Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a specific description of your pricing structure. **The hourly rate per student for services provided is typically between $40.00 and $50.00 per hour, depending on the program costs.**
16. Diagnostic Assessment	*Name the instrument that will be used to diagnose skill levels of each individual student.* **All students are assessed in their specific subject area using the California Achievement Test (CAT/5™). This test is administered at the beginning and end of each program to determine overall academic progress.** **In addition, the Slosson Oral Reading Test (SORT) is administered to reading students to assess their sight-word reading levels. For students receiving math instruction, the Huntington Math Placement Exam (HMPE) is administered in order to target specific skill gaps in math concepts.**
17. Mode of Instruction	*Please indicate which keyword(s) best match your program's offerings:* ☒ Individual tutoring ☒ Small group tutoring ☐ On-line ☐ Computer Assisted *Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.* **Established in 1977, Huntington Learning Center is a leading provider of supplemental educational services (SES) with over 250 accredited learning centers nationwide servicing thousands of students annually. Huntington employees certified teachers, and instruction takes place in a 6:1 student to teacher ratio. An individualized tutoring program is developed for each student based on an academic assessment, and each student receives individualized instruction based on his or her academic needs. Huntington offers a minimum of 30 hours of tutoring in reading or math for eligible students, with participating students experiencing an average academic growth of 1.2 years in grade equivalency. Program locations and schedules are determined in partnership with the school and/or district.**
18(b). Technology	*If On-line and/or Computer Assisted were checked in the previous box, please complete the following.* *a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. **Mark as Documentation I.18(b)*** *b. Describe the minimum on-site technical requirements*

	(i.e. hardware, software, internet access, etc.) necessary to implement your services effectively. c. How will you provide orientation and consultation with the school staff, students, and parents? d. How will you provide continuous on-site support to participating students?
18. Student/Instructor Ratio	List the ratio of instructors to children in your program. ___**6**___ students for every 1 instructor

19. SES Services in other States	Have you provided SES services in other states?
	      ⊠ Yes ☐No
	
	If you have provided SES services in other states, has your program ever been removed from the list of approved providers?
	      ☐ Yes ⊠No

I. BASIC PROGRAM INFORMATION

Please check one:

    x Established, research based program: **Applying for Approval**

    ☐ Newly developed program: **Applying for Year 1 Conditional Approval** (For any of the following items that cannot be completed, mark with NA.)

1. Program Name	It's All Live, Inc.
2. Federal EIN or Social Security Number	20-5263003
3. Subject Areas and Grade Levels Able to Serve	*Please check subject areas and list grade levels you address in working with students.* x☐ Reading Grades_k-12_____ x☐ Language Arts Grades__ k-12_____ x☐ Mathematics Grades___ k-12_____ x☐ Other Specify)__Most Subjects_____Grades__K-12_____
4. Grade Levels and Subject Areas Currently Served	*Please list subject areas and the grade levels of your students currently served.* Math, reading, English, Science, Art History, Chemistry.
5. Date SSP Formed	*Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.* 9/05
6. Number of Students Currently Served	*Please provide the number of students you currently serve, by subject and grade level.* *100 Math, English, Ohio Graduation Test*
7. Minimum/Maximum Number of Students Able to Serve	*Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.* *1* *Please indicate the maximum number of students you will be willing to serve per school site.* 200

8. Service Area	*Please list the district(s) and school(s) in which you are able to provide services.* District(s): All School(s): All
9. Geographic Setting	*Check the setting(s) in which you are prepared to provide services.* x☐ Urban x☐ Rural x☐ Suburban
10. Place of Service	*Please check the location(s) that best describes where you deliver services to students.* x☐ School ☐ Business x☐ Place of religious worship (e.g., church synagogue, mosque, temple) x☐ Community Center ☐ Provider's home ☐ Student's home x☐ On-line • Accessed from: students home, library, church, computer lab. ☐ Other: _____ Is this location accessible to handicapped individuals? x☐Yes ☐ No *How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)* *Most students are tutored in their own home, online. A few are tutored at public libraries, community centers etc. In those cases, transportation modes will be discussed with the parent.*

11. Specific Student Populations Served	If your organization has provided supplemental services to any of the following groups, please check the corresponding box.
	x☐ Low-Income students
	x☐ Minority students
	x☐ Migrant students
	x☐ Limited English proficient students
	Indicate particular language(s) with which you have expertise Spanish, Mandarin
	x☐ Special education students
	☐ Other: (describe) _____
	☐ *Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.*
	☐ Yes x ☐ No
12. Type of Organization	*Please check the category or categories that best describe your organization.*
	x☐ For Profit
	☐ Not for Profit
	☐ School
	☐ District
	☐ Educational Service Unit
	☐ Institution of Higher Education
	☐ Faith-Based Organization
	☐ Community Agency
	☐ Individual
	x☐ On-line
	☐ Other (describe) _____
13. Time of Service	*Check the time(s) that best describe when you deliver services to students.*
	☐ Before School
	x☐ After School
	x☐ Weekends
	x☐ Summer
	x☐ Other
14. Length of Service	(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)
	(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks)
	(c) Describe how your program will operate (e.g. 60 minutes three times per week)
	a) 20-40 hours
	b) 8 – 20 weeks
	It's All Live can offer flexibility depending on the times the student/family can be available.

15. Cost	Provide an average **per pupil cost**, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a _specific_ description of your pricing structure. *$65.00 per unit of 1hour of service.*
16. Diagnostic Assessment	Name the instrument that will be used to diagnose skill levels of each individual student. *Plato (Edmentum) Test Pack*
17. Mode of Instruction	Please indicate which keyword(s) best match your program's offerings: x☐ Individual tutoring ☐ Small group tutoring x☐ On-line x☐ Computer Assisted Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process. *Because It's All Live is live, online, it can offer the best of both worlds. The live classroom teacher speaks directly to individual students, student groups or to the classroom. Curriculum is available on line and clarification problems can be read online as well as discussed, individually, while talking directly with the teacher. The Computer brings cutting-edge teaching and technology together in the home of the student.*
18(b). Technology	If On-line and/or Computer Assisted were checked in the previous box, please complete the following. a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. **Mark as Documentation I.18(b)**

	b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively. c. How will you provide orientation and consultation with the school staff, students, and parents? d. How will you provide continuous on-site support to participating students? ANSWERS: ~~Documentation 1.18 b~~ a. Our software is purchased once we know the number of students we have contracted for a district. b. High speed internet access and computers (with Windows Vista, OS X, web cam and headset) will need to be provided for children. When funding is available, IAL will provide equipment and services. c. Prior to the start of tutoring, school staff will receive a live online orientation about how students will be assessed, how learning gaps will be identified, and how these gaps will become a part of lesson planning. Staff will learn what reports will be available to determine student progress, and how to get in touch with individual teachers or administration. We will work as a team with our teachers and administrators, so that our students will achieve at their optimum. Our policy is to communicate openly, so that we are always working in their best interests. d. Students and Parents will receive orientation on their first day of classes. They will get basic computer usage information, and learn how to communicate with their teacher. They will learn what to expect from their classroom, and how to access their Monthly Reports online. We will caution our students and parents about Internet Safety, and what to do if they feel unsafe. Parents will know that they can contact us at anytime, about anything! Our goal is to make a Learning Partnership with our Parents and Students, and make optimum progress towards their learning goals.
18. Student/Instructor Ratio	List the ratio of instructors to children in your program. ___1___ students for every 1 instructor
19. SES Services in other States	Have you provided SES services in other states? x☐ Yes ☐No If you have provided SES services in other states, has your program ever been removed from the list of approved providers? ☐ Yes x☐No

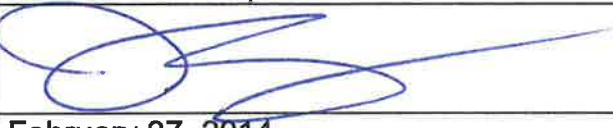# APPLICATION FOR SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDERS IN NEBRASKA

Instructions

Please review and follow all directions carefully when completing this application. Please limit each response to the space provided. No supplemental material beyond what is specifically requested in the application will be considered. If you have questions, please contact Randy McIntyre at the Nebraska Department of Education. Email: randy.mcintyre@nebraska.gov
Phone: 402-471-1749

- **SES Providers must apply annually**
- **Formatting Requirements: Font size – 11 pt., single spaced**

Provider Name	Kinetic Potential Scholars
Contact Name	Jim Smith
Address	1801 McCormick Dr, Suite 350
City, State, ZIP	Largo, MD 20774
Phone	301.883.8256
Fax	301.772.8970
Email	ses@kpscholars.com
Website	www.kpscholars.com
Hours of Operation	Mon-Fri 9am – 9pm EST
Signature of Chief Operating Official *(Please sign in blue ink)*	
Date	February 27, 2014

Application must be received at NDE by March 1, 2014
Completed applications should be mailed to:
Randy McIntyre, Title I School Improvement Coordinator
Nebraska Department of Education
301 Centennial Mall South
PO Box 94987
Lincoln, NE 68509

I. BASIC PROGRAM INFORMATION

Please check one:
☒ Established, research based program: *Applying for Approval*
☐ Newly developed program: *Applying for Year 1 Conditional Approval (For any of the following items that cannot be completed, mark with NA.)*

1. Program Name	Kinetic Potential Scholars
2. Federal EIN or Social	27-0139340

	Security Number	
3. Subject Areas and Grade Levels Able to Serve	*Please check subject areas and list grade levels you address in working with students.* ☒ Reading — Grades___K-12_____ ☒ Language Arts — Grades___K-12_____ ☒ Mathematics — Grades___K-12_____ ☐ Other (Specify) _____Grades_____	
4. Grade Levels and Subject Areas Currently Served	*Please list subject areas and the grade levels of your students currently served.* *Mathematics = Grades K-12* *Reading = Grades K-12* *Language Arts = Grades K-12*	
5. Date SSP Formed	*Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.* *September, 2009*	
6. Number of Students Currently Served	*Please provide the number of students you currently serve, by subject and grade level.*	

Grade	Student Count
K	9
1	26
2	23
3	26
4	27
5	28
6	23
7	25
8	14
9	16
10	13
11	13
12	10

Subject	Student Count
Math	187
ELA	143

7. Minimum/Maximum Number	*Please indicate the minimum number of students who*

of Students Able to Serve	*must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.* *Minimum = 1* *Maximum = 1000* *Please indicate the maximum number of students you will be willing to serve per school site.*
8. Service Area	*Please list the district(s) and school(s) in which you are able to provide services.* District(s): All Districts Statewide School(s): All Schools Statewide
9. Geographic Setting	*Check the setting(s) in which you are prepared to provide services.* ☒ Urban ☒ Rural ☒ Suburban

10. Place of Service	*Please check the location(s) that best describes where you deliver services to students.*
	☒ School
	☐ Business
	☒ Place of religious worship (e.g., church synagogue, mosque, temple)
	☒ Community Center
	☐ Provider's home
	☒ Student's home
	☒ On-line
	   • Accessed from: _____
	☐ Other: _____
	Is this location accessible to handicapped individuals?
	   ☐Yes ☐ No
	How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)
	
	Transportation is assessed on a site by site basis.

11. Specific Student Populations Served	*If your organization has provided supplemental services to any of the following groups, please check the corresponding box.*
	☒ Low-Income students
	☒ Minority students
	☒ Migrant students
	☒ Limited English proficient students
	      Indicate particular language(s) with which you have expertise _____
	☒ Special education students
	☐ Other: (describe) _____
	☐ *Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.*
	    ☐ Yes ☒ No

12. Type of Organization	*Please check the category or categories that best describe your organization.* ☒ For Profit ☐ Not for Profit ☐ School ☐ District ☐ Educational Service Unit ☐ Institution of Higher Education ☐ Faith-Based Organization ☒ Community Agency ☐ Individual ☒ On-line ☐ Other (describe) _____
13. Time of Service	*Check the time(s) that best describe when you deliver services to students.* ☒ Before School ☒ After School ☒ Weekends ☒ Summer ☒ Other (winter/spring breaks)
14. Length of Service	*(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)* *20-40 hours depending on PPA* *(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks)* *Generally the program will go 10-20 weeks* *(c) Describe how your program will operate (e.g. 60 minutes three times per week)* *Generally, the program will meet 2-4 hours per week for 1-2 hour sessions*
15. Cost	*Provide an average **per pupil cost**, per unit of service.*

	Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a __specific__ description of your pricing structure. *The following pricing is per student:* *$75/hr for group sessions* *$90/hr for individual sessions*
16. Diagnostic Assessment	*Name the instrument that will be used to diagnose skill levels of each individual student.* *Stanford Diagnostic Assessment of Student Achievement*
17. Mode of Instruction	*Please indicate which keyword(s) best match your program's offerings:* ☒ Individual tutoring ☒ Small group tutoring ☒ On-line ☒ Computer Assisted *Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.* *The Kinetic Potential Scholars (KPS) program is built upon five key principles of quality programming: (1) a well-structured program, (2) recruitment and development of highly qualified instructors with graduate degrees from Harvard and Columbia, (3) curriculum alignment to state standards, (4) involvement of parents/guardians and (5) the latest advancement in technology--3D virtual learning environments (similar to Wii, white boards, online texts and streaming video technology). KPS pairs each student with KP Tutors and KP Mentors, all of which results in a holistic approach to student success. Sessions take place at school, libraries, community centers and churches. The program is designed for year-round access (before and after school, winter/spring breaks and during the summer), to reinforce and support a continuation of math and reading/language arts skills. KPS is more than just tutoring, we provide each student with mentorship and career development throughout each stage of their development.*
18(b). Technology	*If On-line and/or Computer Assisted were checked in the*

	previous box, please complete the following.
	a. *Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program.* **Mark as Documentation I.18(b)** *Included at the end of this application*
	b. *Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.*
	To fully leverage our Kinetic Potential Mentoring and Learning Platform, students require access to computers and high speed internet access. Most computers that are able to access general websites will be sufficient for accessing our basic services.
	c. *How will you provide orientation and consultation with the school staff, students, and parents?*
	As KP Scholars is launched in LEA's throughout the country, it is our goal to meet with administrators at schools sponsoring the SES program to review our program and learn of the policies and procedures governing their computer lab. We also provide online webinars to demonstrate our program and address any questions or concerns.
	d. *How will you provide continuous on-site support to participating students?*
	The KP Scholars Program is more than just a tutoring program—students receiving our services at local schools, community centers, local libraries and local churches will also have a KP Mentor that provides on-site support to complement our KP Tutors that are generally online. For those students who will receive their services from home, we ask the parents to serve in the capacity of the KP Mentor.
	This approach not only ensures continuous on-site support but separates the responsibility for discipline and behavior modification from teaching and pedagogy. KP Mentors provide the social development while KP Tutors are focused on the academic development of each of our students.
18. Student/Instructor Ratio	*List the ratio of instructors to children in your program.* 8 students for every 1 instructor
19. SES Services in other States	*Have you provided SES services in other states?* ☒ Yes ☐No

	If you have provided SES services in other states, has your program ever been removed from the list of approved providers? ☐ Yes ☒ No

I.   BASIC PROGRAM INFORMATION

Please check one:
    X   Established, research based program: **Applying for Approval**
        Newly developed program: **Applying for Year 1 Conditional Approval** (For any of the
        following items that cannot be completed, mark with NA.)

1. Program Name	Learn-It Systems, LLC (Learn It)
2. Federal EIN or Social Security Number	83-0474386
3. Subject Areas and Grade Levels Able to Serve	*Please check subject areas and list grade levels you address in working with students.* x Reading Grades_K-12_____ x Language Arts Grades_K-12_____ x Mathematics Grades_K-12_____ Other (Specify) _____Grades_____
4. Grade Levels and Subject Areas Currently Served	*Please list subject areas and the grade levels of your students currently served.* Learn It has currently offers services to K-12 students in Reading/Language Arts and Mathematics.
5. Date SSP Formed	*Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.* Learn It was formed in and has provided SES since February, 2007.
6. Number of Students Currently Served	*Please provide the number of students you currently serve, by subject and grade level.*

2012-2013 School Year

Grade Level	Reading/Language Arts	Math
KG	237	96
1	389	93
2	404	60
3	885	217
4	835	233
5	749	262
6	747	612
7	751	604
8	668	492
9	369	427
10	406	407
11	276	189
12	220	148
TOTAL	6940	3844

7. Minimum/Maximum Number of Students Able to Serve	*Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.* 20 Student per school site (Advantage) 1 Student per school site (Blended) *Please indicate the maximum number of students you will be willing to serve per school site.* No Maximums
8. Service Area	*Please list the district(s) and school(s) in which you are able to provide services.* District(s): <u>LINCOLN PUBLIC SCHOOLS</u> <u>OMAHA PUBLIC SCHOOLS</u> School(s): <u>All eligible schools in the districts above</u>
9. Geographic Setting	*Check the setting(s) in which you are prepared to provide services.* x Urban x Rural x Suburban

10. Place of Service	*Please check the location(s) that best describes where you deliver services to students.*
	x School
	x Business
	x Place of religious worship (e.g., church synagogue, mosque, temple)
	x Community Center
	 Provider's home
	x Student's home
	x On-line
	    • Accessed from: <u>Learn It provides a computing device (e.g. netbook, tablet) and Internet access, as necessary, for students to access the computer-assisted lesson in the blended program.</u>
	Other: _____
	Is this location accessible to handicapped individuals?
	    X Yes No
	How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)
	Since Learn It's Advantage program generally occurs at a child's school and Learn It's Blended program is generally accessed from the child's home, transportation is not required. If transportation is required, Learn It will work with the LEA determine what transportation arrangements can be made for students.

11. Specific Student
Populations Served
	If your organization has provided supplemental services to any of the following groups, please check the corresponding box.
	x Low-Income students
	x Minority students
	x Migrant students
	x Limited English proficient students
	    Indicate particular language(s) with which you have expertise Spanish and Haitian Creole
	x Special education students
	Other: (describe)
	Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.
	    Yes x No

12. Type of Organization	*Please check the category or categories that best describe your organization.* x For Profit Not for Profit School District Educational Service Unit Institution of Higher Education Faith-Based Organization Community Agency Individual On-line Other (describe)
13. Time of Service	*Check the time(s) that best describe when you deliver services to students.* x Before School x After School x Weekends x Summer Other

14. **Length of Service**	*(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)* Learn It's programs generally range from 20 – 40 hours of service. *(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks)* Learn It's programs typically operate over 8 – 20 weeks. *(c) Describe how your program will operate (e.g. 60 minutes three times per week)* Learn It's sessions typically range from 60-120 minutes in length and are held 2-4 times per week.
15. **Cost**	*Provide an average **per pupil cost**, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a __specific__ description of your pricing structure.* Learn It charges $60 - $90 per hour per student for sessions ranging from 60-120 minutes.
16. **Diagnostic Assessment**	*Name the instrument that will be used to diagnose skill levels of each individual student.* Learn It Advantage (in-person direct instruction) programs use Learn It's proprietary Learn It Reading Assessments and Learn It Math Assessments. Learn It Blended program (computer-assisted sessions with regular live instruction) uses Odyssey Reading/Language Arts Assessments and Odyssey Math Assessments from Compass Learning. In all programs, Learn It assesses students at the beginning of the program to determine student skill gaps and again at the end of the program to determine overall student progress.
17. **Mode of Instruction**	*Please indicate which keyword(s) best match your program's offerings:* x Individual tutoring x Small group tutoring x On-line x Computer Assisted

	Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process. Learn It produces results! Our goal is to help every student achieve his/her full potential and be a successful learner. Learn It has helped thousands of students nationwide learn the fundamental reading and math skills they need to succeed in school and in life. Our programs features: • SMALL CLASSES – 3-10 students, on average, per instructor, per class • PROFESSIONAL INSTRUCTORS – Experienced and specially trained for our programs • PERSONALIZED LEARNING – Individualized Plans for each student, at any level • READING/LANGUAGE ARTS or MATH – Research-based, proven effective programs • REWARDS PROGRAM – Free books and prizes for attendance and effort • CONVENIENT LOCATIONS – In-person sessions at your child's school or online sessions on a computer provided by Learn It
18(b). Technology	*If On-line and/or Computer Assisted were checked in the previous box, please complete the following.* *a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program.* **Mark as Documentation I.18(b)** Learn It has provided the required documentation at I.18(b). *b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.* Learn It does not have on-site technical requirements. Learn It provides students enrolled in our program with the necessary computing device (e.g. netbook, tablet computer), Internet access, hardware and software to participate in our programs. If the location of the sessions has pre-existing Internet connections (e.g. WiFi), Learn It may utilize the connection, however, it is not required for a location or family to have Internet service for the student to participate in our program. *c. How will you provide orientation and consultation with the school staff, students, and parents?* Learn It contacts the parents of the students enrolled in our program to schedule an Orientation prior to the start of services. Orientation includes information regarding the program, for example, schedule of sessions, instructor/education counselor information, and the use of the computers, including access, care of the computer. Learn It will consult with parents, school staff, including classroom teachers, at the beginning of the program to discuss each individual student's skill gaps and prepare an

	individualized Student Learning Plan. Learn It will continue to consult parent, school and district personnel and classroom teachers throughout the program to report progress and answer questions regarding the program. Learn It instructors and/or education counselors are in constant contact with student throughout their program, providing instruction, educational support and progress monitoring. *d. How will you provide continuous on-site support to participating students?* Learn It provides participating students with continuous support. Students in our Blended program receive instructional support during their live sessions from a Learn It instructor or education counselor. For technical support, Learn It provides all participating students in the Blended programs, with an easy to understand orientation manual for using the computers and accessing their sessions. Should a student experience an issue, the orientation manual includes the contact information for the local support team. Should the local support team not be able to resolve the issues, the problem will be escalated to our National Call Center and our corporate office.
18. Student/Instructor Ratio	*List the ratio of instructors to children in your program.* 3-10 students for every 1 instructor

19. SES Services in other States	*Have you provided SES services in other states?*
	   x Yes No
	
	If you have provided SES services in other states, has your program ever been removed from the list of approved providers?
	
	   Yes x No

I. BASIC PROGRAM INFORMATION

Please check one:
    X Established, research based program: *Applying for Approval*
    ☐ Newly developed program: *Applying for Year 1 Conditional Approval (For any of the following items that cannot be completed, mark with NA.)*

1. Program Name	Third day Christian Ministries D/B/A Laureate Learning Center
2. Federal EIN or Social Security Number	71-0865646
3. Subject Areas and Grade Levels Able to Serve	*Please check subject areas and list grade levels you address in working with students.* X Reading Grades_____K-12_____ X Language Arts Grades_____K-12_____ X Mathematics Grades_____K-12_____ ☐ Other (Specify) _____Grades_____
4. Grade Levels and Subject Areas Currently Served	*Please list subject areas and the grade levels of your students currently served.* K-12 ELA/ Reading and Math
5. Date SSP Formed	*Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.* 2/22/2002
6. Number of Students Currently Served	*Please provide the number of students you currently serve, by subject and grade level.* *400*
7. Minimum/Maximum Number of Students Able to Serve	*Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.* *1-30 per District* *Please indicate the maximum number of students you will be willing to serve per school site.* *500-1000 per District*
8. Service Area	*Please list the district(s) and school(s) in which you are able to provide services.* District(s): Statewide School(s): Statewide

9. Geographic Setting	Check the setting(s) in which you are prepared to provide services. x Urban x Rural x Suburban
10. Place of Service	Please check the location(s) that best describes where you deliver services to students. X School ☐ Business X Place of religious worship (e.g., church synagogue, mosque, temple) X Community Center ☐ Provider's home X Student's home X On-line • Accessed from: Computer via Internet • ☐ Other: Is this location accessible to handicapped individuals? ☐Yes ☐ No N/A How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.) Transportation will be addressed with the parents; if parents are not able to accommodate the students; provider will contract with a transportation service; i.e. District bus service; or private transportation company.
11. Specific Student Populations Served	If your organization has provided supplemental services to any of the following groups, please check the corresponding box. X Low-Income students X Minority students X Migrant students X Limited English proficient students Indicate particular language(s) with which you have expertise X Special education students ☐ Other: (describe) ☐ Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas. ☐ Yes X No

12. Type of Organization	*Please check the category or categories that best describe your organization.* ☐ For Profit X Not for Profit ☐ School ☐ District ☐ Educational Service Unit ☐ Institution of Higher Education ☐ Faith-Based Organization ☐ Community Agency ☐ Individual X On-line ☐ Other (describe) _____
13. Time of Service	*Check the time(s) that best describe when you deliver services to students.* X Before School X After School X Weekends X Summer ☐ Other
14. Length of Service	*(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours) Laureate Learning Center 30 hours of service* *(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks) Laureate Learning Center 8-16 weeks* *(c) Describe how your program will operate (e.g. 60 minutes three times per week) Laureate Learning Center 120 minutes per session two times per week.*
15. Cost	*Provide an average **per pupil cost**, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a specific description of your pricing structure.* *$ 50.00 per/hour/per student*
16. Diagnostic Assessment	*Name the instrument that will be used to diagnose skill levels of each individual student.* *Laureate Learning Center Inc. will use Study Island's assessment tools; diagnostic/pre-tests, formative assessments, and post-tests/summative assessments.* *Study Island Formative and Summative Assessment*

17. Mode of Instruction	*Please indicate which keyword(s) best match your program's offerings:* X Individual tutoring X Small group tutoring X On-line X Computer Assisted *Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.* (LLCI) research-based program has a proven record of raising the achievement of students in grades K-12 in Language Arts, Math and Science. Pre-test to post-test of 20 percentage points, where a change of 18 percentage points or greater is significant. We offer our services year around Monday-Friday, 4pm-8pm (small group in-person or online), and on Saturday's 10:00am-2:00pm (small group online or one-to-one online).

18(b). Technology	*If On-line and/or Computer Assisted were checked in the previous box, please complete the following.*
	  a. *Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program.* **Mark as Documentation I.18(b)**
	  b. *Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.*
	  c. *How will you provide orientation and consultation with the school staff, students, and parents?*
	  d. *How will you provide continuous on-site support to participating students?*
	
	b) Laureate Learning Center Inc. requires, at minimum, the use of a desk top computer, laptop, or tablet as well as internet capabilities.
	c) An Enrollment Coordinator will be the first point of contact with parents and will hand all information gathered to the Education Coordinator, who will then arrange phone conferences, virtual meeting time, or on-site meetings to set up, discuss progress, and update student education plans.
	d) Participating students will have the support of an online tutor who is actively monitoring what they are doing through the use of interactive whiteboard or other screen share technology. Tutor and student will be in constant communication through the use of chat and or phone or conference call.

18. Student/Instructor Ratio	*List the ratio of instructors to children in your program.* 5:1 students for every 1 instructor

19. SES Services in other States	*Have you provided SES services in other states?*
	    X Yes ☐No
	
	If you have provided SES services in other states, has your program ever been removed from the list of approved providers?
	    ☐ Yes X No

I.   BASIC PROGRAM INFORMATION

Please check one:
    xx☐x Established, research based program: *Applying for Approval*
    ☐ Newly developed program: *Applying for Year 1 Conditional Approval (For any of the
    following items that cannot be completed, mark with NA.)*

1. Program Name	Step to Success Community Learning Center
2. Federal EIN or Social Security Number	74-0889011
3. Subject Areas and Grade Levels Able to Serve	*Please check subject areas and list grade levels you address in working with students.* x☐ Reading Grades__x__k-12___x_____ ☐ Language Arts Grades_____ x☐ Mathematics Gradesx__k-12_____x_____ ☐ Other (Specify) _____Grades_____
4. Grade Levels and Subject Areas Currently Served	*Please list subject areas and the grade levels of your students currently served.* Grades k-12 Math and Reading
5. Date SSP Formed	*Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.* Colorado Supplemental Service Provider since 2002 through Present 2014 - Colorado
6. Number of Students Currently Served	*Please provide the number of students you currently serve, by subject and grade level.* Reading - 200 Math -29
7. Minimum/Maximum Number of Students Able to Serve	*Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.* 5 students *Please indicate the maximum number of students you will be willing to serve per school site.* No limit
8. Service Area	*Please list the district(s) and school(s) in which you are able to provide services.* District(s): All_____ School(s): All_____
9. Geographic Setting	*Check the setting(s) in which you are prepared to provide services.*

	x☐ Urban
	x☐ Rural
	x☐ Suburban

| 10. Place of Service | *Please check the location(s) that best describes where you deliver services to students.*
x☐ School
☐ Business
☐ Place of religious worship (e.g., church synagogue, mosque, temple)
☐ Community Center
☐ Provider's home
☐ Student's home
x☐ On-line
    • Accessed from: <u>home or place with internet</u>
☐ Other: _____
Is this location accessible to handicapped individuals?
    ☐Yes   ☐ No
How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.) no transportation provided by provider. Online option. |
| 11. Specific Student Populations Served | *If your organization has provided supplemental services to any of the following groups, please check the corresponding box.*
x☐ Low-Income students
x☐ Minority students
x☐ Migrant students
x☐ Limited English proficient students
    Indicate particular language(s) with which you have expertise <u>Spanish</u>
x☐ Special education students
☐ Other: (describe) _____
☐ *Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.*
    ☐ Yes   x☐No |

12. Type of Organization	*Please check the category or categories that best describe your organization.* x☐ For Profit ☐ Not for Profit ☐ School ☐ District ☐ Educational Service Unit ☐ Institution of Higher Education ☐ Faith-Based Organization ☐ Community Agency ☐ Individual ☐ On-line ☐ Other (describe) _____
13. Time of Service	*Check the time(s) that best describe when you deliver services to students.* x☐ Before School x☐ After School x☐ Weekends ☐ Summer ☐ Other Prepared to provide services to meet the needs of students/parents/schools
14. Length of Service	*(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)* 28 onsite 24 online *(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks)* 9 to 12 *(c) Describe how your program will operate (e.g. 60 minutes three times per week)* *Onsite 120 minutes 2 times a week* *Online 60 minutes 3 to 4 times a week* *Determined in conjunction with students/parents and school.*
15. Cost	*Provide an average **per pupil cost**, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure.* *Onsite services range: 28 hours $28 to 38 per hour* *Online services range: 24 hours $50 to $75 per hour*
16. Diagnostic Assessment	*Name the instrument that will be used to diagnose skill levels of each individual student.* *Reading: Woodcock Word Attack and Lexia Reading Autoplacement* *Math: I-Ready Diagnostic Math Assessment*

17. Mode of Instruction	*Please indicate which keyword(s) best match your program's offerings:* ☐ Individual tutoring x☐ Small group tutoring with mini computer lab x☐ On-line one on one virtual classroom ☐ Computer Assisted *Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.* * Math and Reading Tutoring * specifically designed for all learning styles, English Language learners and students with special needs. * 2 Delivery models Online or Onsite * Students rotate between two learning stations - Multisensory Blended Instruction Using computer lab and small group instruction

18(b). Technology	*If On-line and/or Computer Assisted were checked in the previous box, please complete the following.*
	a. *Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program.* **Mark as Documentation I.18(b)**
	b. *Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.*
	c. *How will you provide orientation and consultation with the school staff, students, and parents?*
	d. *How will you provide continuous on-site support to participating students?*
	  a. *see 1.18b*
	  b. *Onsite requires wireless code from school for mini-lab*
	  c. *All Step to Success staff receive 8 hours of training which includes training using computer assisted methods. Set-up with students and parents through our online program takes only 5 minutes to complete prior to program start.*
	  d. *Continued support at all levels & times.*

18. Student/Instructor Ratio	*List the ratio of instructors to children in your program.* ____5____ students for every 1 instructor and 1 on 1
19. SES Services in other States	*Have you provided SES services in other states?* x☐ Yes ☐No *If you have provided SES services in other states, has your program ever been removed from the list of approved providers?* ☐ Yes x☐No

I. BASIC PROGRAM INFORMATION

Please check one:
☒ Established, research based program: *Applying for Approval*
☐ Newly developed program: *Applying for Year 1 Conditional Approval (For any of the following items that cannot be completed, mark with NA.)*

1. Program Name	Sylvan Beginning Reading (SBR) Sylvan Academic Reading (SAR) Sylvan Math Essentials (SME) Sylvan Advanced Math (SAM) Sylvan Geometry Sylvan Algebra II Sylvan Academic Writing (SAW)
2. Federal EIN or Social Security Number	91-1813517 Partners in Learning, Inc.
3. Subject Areas and Grade Levels Able to Serve	*Please check subject areas and list grade levels you address in working with students.* ☒ Reading Grades K-12 ☒ Language Arts Grades K-12 ☒ Mathematics Grades K-8 ☒ Other(Specify)Grades9-12:Algebra/Geometry/AdvancedMath
4. Grade Levels and Subject Areas Currently Served	*Please list subject areas and the grade levels of your students currently served.* *Sylvan Beginning Reading – Grades pre-K through 1st* *Sylvan Academic Reading – Grades 2nd through 12th* *Sylvan Academic Writing – Grades 2nd through 12th* *Sylvan Math Essentials – Grades K through 8th* *Sylvan Advanced Math – (Pre-Algebra & Algebra) Grades 8th & 9TH* *Sylvan Study Skills – Grades 4th through 12th* *Algebra II, Geometry, Pre-Calculus & College Math* *Homework Support – Grades 4th through 12th (and college)*
5. Date SSP Formed	*Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.* *Lincoln – May, 1986* *Columbus – September, 1996* *Grand Island – July, 1997* *Norfolk – January 1998* *Kearney – June, 1999* *North Platte – February, 2008* *Omaha Metro Area– May, 1984*

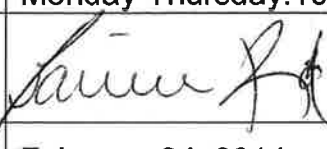# APPLICATION FOR SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDERS IN NEBRASKA

Instructions

Please review and follow all directions carefully when completing this application. Please limit each response to the space provided. No supplemental material beyond what is specifically requested in the application will be considered. If you have questions, please contact Randy McIntyre at the Nebraska Department of Education. Email: randy.mcintyre@nebraska.gov
Phone: 402-471-1749

- **SES Providers must apply annually**
- **Formatting Requirements: Font size – 11 pt., single spaced**

Provider Name	Sylvan Learning Center
Contact Name	Marissa Roh
Address	2230 41st Rd., PO Box 1000
City, State, ZIP	Abie, NE 68001
Phone	Cell: 402-416-7792 Lincoln Office: 402-423-8833
Fax	402-423-8853
Email	MarissaRoh@NebraskaSylvan.com
Website	www.SylvanLearning.com
Hours of Operation	Monday-Thursday:10:00-7:00 Friday and Saturday 9:00-1:00
Signature of Chief Operating Official *(Please sign in blue ink)*	
Date	February 24, 2014

Application must be received at NDE by March 1, 2014

Completed applications should be mailed to:

**Randy McIntyre, Title I School Improvement Coordinator
Nebraska Department of Education
301 Centennial Mall South
PO Box 94987
Lincoln, NE 68509**

| 6. Number of Students Currently Served | | | | | | Please provide the number of students you currently serve, by subject and grade level.

See chart below. | | | | | | | | |

SUBJECT	K	1	2	3	4	5	6	7	8	9	10	11	12
Beginning Reading	7	29	14	-	-	-	-	-	-	-	-	-	-
Academic Reading	-	-	57	33	74	41	24	12	22	15	4	5	8
Math Essentials	0	18	16	21	22	44	27	18	17	7	-	-	-
Writing	-	-	-	1	7	8	2	4	0	1	2	-	-
Algebra	-	-	-	-	-	-	-	-	21	28	7	0	-
Geometry	-	-	-	-	-	-	-	-	-	5	6	2	-
Homework Support	-	-	-	-	-	-	-	-	6	21	16	11	18
ACT College Prep	-	-	-	-	-	-	-	-	-	-	3	34	8

7. Minimum/Maximum Number of Students Able to Serve	*Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.* *Sylvan does not have a minimum number of students who must be enrolled. Our programs are individualized and students attend Sylvan programs based on their family schedules.* *Please indicate the maximum number of students you will be willing to serve per school site.* *For in-center services, Sylvan is able to accommodate 36 students per hour in the Lincoln and Omaha centers; and 15 students per hour in Grand Island, Kearney, North Platte, Columbus and Norfolk. For Sylvan on-line services, our centers are able to accommodate an unlimited number of students.* *For in-school services, we are able to accommodate 40 students per hour after school.*

8. Service Area	Please list the district(s) and school(s) in which you are able to provide services. District(s): Omaha, Bellevue, Millard, Lincoln, Grand Island, Kearney, Norfolk, North Platte, Columbus & surrounding districts All Nebraska School Districts with online services _____ School(s): Elementary, Middle & High Schools within the above designated districts and surrounding districts _____
9. Geographic Setting	Check the setting(s) in which you are prepared to provide services. ☒ Urban ☒ Rural ☒ Suburban
10. Place of Service	Please check the location(s) that best describes where you deliver services to students. ☒ School ☒ Business ☐ Place of religious worship (e.g., church synagogue, mosque, temple) ☒ Community Center ☐ Provider's home ☐ Student's home ☐ On-line • Accessed from: _____ ☐ Other: _____ Is this location accessible to handicapped individuals? ☒ Yes ☐ No How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)

11. Specific Student Populations Served	*If your organization has provided supplemental services to any of the following groups, please check the corresponding box.*
	☒ Low-Income students
	☒ Minority students
	☒ Migrant students
	☒ Limited English proficient students
	    Indicate particular language(s) with which you have expertise <u>Spanish and Vietnamese</u>
	☒ Special education students
	☐ Other: (describe) _____
	☐ *Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.*
	    ☐ Yes ☒ No

12. Type of Organization	*Please check the category or categories that best describe your organization.* ☒ For Profit ☐ Not for Profit ☐ School ☐ District ☐ Educational Service Unit ☐ Institution of Higher Education ☐ Faith-Based Organization ☐ Community Agency ☐ Individual ☐ On-line ☐ Other (describe) _____
13. Time of Service	*Check the time(s) that best describe when you deliver services to students.* ☐ Before School ☒ After School ☒ Weekends ☒ Summer ☐ Other
14. Length of Service	*(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)* *Sylvan's programs provide sessions at the district's PPA divided by our $53 hourly rate of personal instruction + two hours pretesting and two hours post-testing. Additional instructional hours @ $53 per hour are available after the initial program.* *(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks)* *We estimate that students will attend for 6-10 weeks and attend approximately 4 hours per week.* *(c) Describe how your program will operate (e.g. 60 minutes three times per week)* *Students will attend either two hours, two days per week or*

	four hours, one day per week. One-hour sessions are also available. Sylvan's programs are individually designed and students can easily makeup sessions missed due to absence. Most of our students attend two-hour sessions after school; however, two, three, or four hours on a Saturday morning has proved to be successful, as well.
15. Cost	*Provide an average **per pupil cost**, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a specific description of your pricing structure.* *Sylvan's average per pupil cost is $2120. This includes 40 hours of instruction plus monthly parent and school conferences, pretesting, post-testing, motivation program (Sylvan Store), and all administrative costs. All pretest and post-test results are reported to both the parent and school personnel. Additional instructional hours @ $53 per hour are available after the initial program hours. All contracts are negotiable by school districts and according to school PPA.*
16. Diagnostic Assessment	*Name the instrument that will be used to diagnose skill levels of each individual student.* *Sylvan Learning Centers use the CAT/5 to pre-test and post-test skill levels of each individual student and measure the effectiveness of our Academic Reading & Math Essential programs. The CAT/5 is a tool that has been developed in accordance with the standards for reliability/validity as set forth in the Standards for Educational and Psychological Testing (1999). According to CB/McGraw Hill, publishers of the CAT/5, "the tool accurately measures achievement in reading, language, spelling, and mathematics." The CAT/5 was developed in accordance with the standards for reliability/validity as set forth in the Standards for Educational and Psychological Testing (1999).*

17. Mode of Instruction	Please indicate which keyword(s) best match your program's offerings: ☒ Individual tutoring "Sylvan In-center Program" ☒ Small group tutoring "Sylvan In-center Program" & "ACE IT!" ☐ On-line ☐ Computer Assisted Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process. • **"Sylvan In-center Programs** ensure every student develops the skills, habits and attitudes for lifelong success. Our locally owned center will conduct the Sylvan Skills Assessment. This is the first and most important step that will identify each child's learning style and pinpoint "skill gaps" or areas of academic struggles. Our highly trained, caring and expert instructors teach each lesson in a way that makes it easier for students to master the material. During monthly conferences, we will keep both parents and school personnel informed of student progress. We understand the needs of busy families and provide convenient, flexible business hours after school and Saturday mornings."
18(b). Technology	If On-line and/or Computer Assisted were checked in the previous box, please complete the following. a. Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program. **Mark as Documentation I.18(b)** b. Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively. Sylvan Corporate requires each center have high speed internet access to a professional business server and at least two networked computers with adequate memory to support our main software programs: Symplicity™ and EOS. Each center follows the requirements set per our license agreement and mandated Quality Assurance Review. Sylvan Learning Centers use two main software applications to operate; Symplicity™ and EOS (Educating Operating System). Symplicity™ is used to manage inquiry information, manage student and guardian information, make appointments for assessments and conferences, schedule student sessions and

track attendance, bill and accept payments, and produce center business metrics.

EOS is a powerful software tool that delivers automated student assessments, records manual assessments, prints all conference forms and parent notebook information, prepares student profiles and notebook lessons.

See Sylvan Learning Center Technology Guide, Symplicity™ and EOS (Education Operating System) License Agreements.

Sylvan Online, powered by Educate Online (Nebraska SES approved vendor), is the leading provider of live, online tutoring. New technology review process is now in place to prevent new technical issues before they occur. The "online" classroom combines proven, patented technology and methodology with state-certified instructors. Sylvan Online delivers a true, targeted individualized classroom experience, online. No additional licensures are necessary. Sylvan Online supports all Windows computers purchased within the last five years. At this time, Macintosh Computers are not compatible with Sylvan Online.

See Sylvan Online Technology Guide

c. How will you provide orientation and consultation with the school staff, students, and parents?

Parents will be invited to attend initial orientation or "informational" meetings after notification has been sent home by the school. These gatherings will be held at the school during convenient times. Sylvan will provide the advertising collateral and discuss the procedures with school administrators.

Sylvan Learning offers a variety of Language Arts and Math programs designed to assist learned (pre-K through high school) and to address gaps in their academic skills. These programs include individualized and small-group programs offered in person at a Sylvan Learning Center, online programs via Sylvan Online and small-group programs offered at school sites via Sylvan's Ace It! All tutoring programs are specifically designed to provide supplemental academic intervention and support for students at risk for literacy difficulties, particularly socially-and economically disadvantaged students. Based on well-grounded theories of teach and learning together with scientifically based research regarding language arts and effective instructional practices, Sylvan's programs provide intervention that is systematic, intensive, and explicit. These programs are designed to address students' needs by engaging students in individualized instruction that addresses skill gaps, provides multiple opportunities for practice, and incorporates appropriate levels of programmatic, responsive, and meaningful scaffolding.

Sylvan has been in the business of providing supplemental education to families for the past 30 years. We embrace the uniqueness of each child who comes through our door and understand the expectations that school districts and parents have for their children. We know that some students simply do not learn or remember what they are taught for a variety of reasons. But, when they come to Sylvan, their hopes and dreams become expectations and realities.

Clients who first come into our Sylvan centers are at times apprehensive. We will meet the families warmly and set them at ease the moment they arrive. Sylvan has an open door policy where families and school personnel have the opportunity to meet our staff and tour the center anytime. Sylvan staff will carefully explain the initial assessment procedure, assist with the paperwork, address all questions, explain test results, review progress, and address schedules and policies. We will go out of our way to make sure all clients are treated with respect and remain empathetic to their individual concerns.

d. How will you provide continuous on-site support to participating students?

Sylvan has always been a supplemental education service for all kinds of children with all kinds of needs, hopes and dreams. Our low student ratio 3:1 (Sylvan in-center programs) and 8:1 (ACE IT! in-school or community location programs) provide a personalized program and motivating environment that creates instant success for students. Students are constantly supervised and encouraged. We have carefully designed our center operations and Sylvan programs so that every student has immediate access to their instructor, while benefiting from the opportunity to work independently and prove mastery of materials. Sylvan's incentive program includes distribution of tokens with positive reinforcement. Students receive tokens based on their participation and effort not merely on grades. They can redeem tokens for items on the Sylvan Store or gift certificates at local merchants.

Every six hours of instruction, our Sylvan directors conduct a formal program review called a prescription quality review (PQR). In doing this, we monitor the level the student is currently working on; making sure it is an appropriate level for that particular student. If there are any changes to be made, we can adjust the program and continue the student on a path to success. In each program, there are scores that are recorded for every assignment. These scores are also a major factor in determining where a child needs to be. Students also receive certificates of achievement each time skills are mastered according to Sylvan's mastery criteria as outlined on the Prescription Notes in student notebooks.

Samples of program PQR's can be found in the addendum.

	Positive encouragement, continuous monitoring and individualized instruction supplemented by independent learning are key to helping each student build confidence, stay motivated and experience success!
18. Student/Instructor Ratio	*List the ratio of instructors to children in your programs.* 3 students for every 1 instructor (Sylvan In-Center) OR 8 students for every 1 instructor (ACE IT! In-School Program)
19. SES Services in other States	*Have you provided SES services in other states?* ☒ Yes Sylvan services approved in 42 states ☐ No *If you have provided SES services in other states, has your program ever been removed from the list of approved providers?* ☐ Yes ☒ No

I. BASIC PROGRAM INFORMATION

Please check one:

X☐ Established, research based program: *Applying for Approval*

☐ Newly developed program: *Applying for Year 1 Conditional Approval* (*For any of the following items that cannot be completed, mark with NA.*)

1. Program Name	The Marian School LLC
2. Federal EIN or Social Security Number	45-4260162
3. Subject Areas and Grade Levels Able to Serve	*Please check subject areas and list grade levels you address in working with students.* X☐ Reading Grades___**K-12**___ X☐ Language Arts Grades___**K-12**___ X☐ Mathematics Grades___**K-12**___ ☐ Other (Specify) _____Grades_____
4. Grade Levels and Subject Areas Currently Served	*Please list subject areas and the grade levels of your students currently served* **K-10 Reading, Language Arts and Math**.
5. Date SSP Formed	*Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.* **October 2012**
6. Number of Students Currently Served	*Please provide the number of students you currently serve, by subject and grade level.* **Reading: K= 8, 1st=45, 2nd= 50, 3rd= 70, 4th= 39, 5th= 48, 6th=0,7^{th}= 1, 8th= 0, 9th= 0, 10th= 0, 11th= 0, 12th= 0** **Math: K= , 1st=2, 2nd= 2, 3rd= 15, 4th= 29, 5th= 42, 6th=7,7^{th}= 13 ,8th= 5, 9th= 0, 10th=10, 11th= 2, 12th= 1**
7. Minimum/Maximum Number of Students Able to Serve	*Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.* **5 minimum-200 maximum per site** *Please indicate the maximum number of students you will be willing to serve per school site.*

8. Service Area	*Please list the district(s) and school(s) in which you are able to provide services.* District(s): Omaha, Lincoln and surrounding school districts _____ School(s): _____
9. Geographic Setting	*Check the setting(s) in which you are prepared to provide services.* X☐ Urban X☐ Rural X Suburban

10. Place of Service	*Please check the location(s) that best describes where you deliver services to students.*
	X☐ School
	X☐ Business
	X☐ Place of religious worship (e.g., church synagogue, mosque, temple)
	X Community Center
	☐ Provider's home
	X☐ Student's home
	X☐ On-line
	   • Accessed from: _____
	☐ Other: _____
	Is this location accessible to handicapped individuals?
	   X☐Yes ☐ No
	How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)
	Transportation is the responsibility of the parents of the student.

11. Specific Student Populations Served	*If your organization has provided supplemental services to any of the following groups, please check the corresponding box.*
	X☐ Low-Income students
	X☐ Minority students
	X☐ Migrant students
	X☐ Limited English proficient students
	     Indicate particular language(s) with which you have expertise _____
	X☐ Special education students
	☐ Other: (describe) _____
	☐ *Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.*
	    ☐ Yes **X**☐No

12. Type of Organization	*Please check the category or categories that best describe your organization.* **X**☐ For Profit ☐ Not for Profit ☐ School ☐ District ☐ Educational Service Unit ☐ Institution of Higher Education ☐ Faith-Based Organization ☐ Community Agency ☐ Individual ☐ On-line ☐ Other (describe) _____
13. Time of Service	*Check the time(s) that best describe when you deliver services to students.* **X**☐ Before School **X**☐ After School **X**☐ Weekends **X**☐ Summer ☐ Other
14. Length of Service	(a) *Describe the total number of hours tutoring will be provided (e.g. 40 hours)* **20-30 hours** (b) *Describe the length of time you estimate your program will operate (e.g. 15 weeks)* **6-12 weeks** (c) *Describe how your program will operate (e.g. 60 minutes three times per week)* **We will work with a school to determine schedules – often 75 minutes two times weekly.**

15. Cost	*Provide an average **per pupil cost**, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a **specific** description of your pricing structure.*
	Length of a typical unit of service is one hour. Average per pupil cost is $50 per hour for in-home tutoring or - $35 per hour for in school tutoring or online tutoring. Average per pupil cost is $1000-$1200.
16. Diagnostic Assessment	*Name the instrument that will be used to diagnose skill levels of each individual student.*
	i-Ready Online Diagnostic Assessment for math and/or reading
	Woodcock Reading Mastery Word Attack test for reading
	Lexia placement test for reading
17. Mode of Instruction	*Please indicate which keyword(s) best match your program's offerings:* **X**☐ Individual tutoring **X**☐Small group tutoring **X**☐ On-line ☐ Computer Assisted *Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.* **We provide tutoring in schools, in students homes, and online. We provide a blended learning approach, combining computerized instruction and small group or individual tutoring provided by a skilled tutor.**
18(b). Technology	*If On-line and/or Computer Assisted were checked in the previous box, please complete the following.* a. *Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program.* **Mark as Documentation I.18(b)** **See attached**

	b. Describe the minimum on-site technical requirements *(i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.* **Minimum technical requirements:** **Windows or Mac computers** **Internet connections** *c.* How will you provide orientation and consultation with the school staff, students, and parents? **Orientation training is provided during start-up of the program by Marian School staff for schools, students and parents regarding computer programs and technology** *d.* How will you provide continuous on-site support to participating students? **Ongoing support is provided remotely, or in-person when necessary, by Marian School staff for schools, students and parents regarding computer programs and technology**
18. Student/Instructor Ratio	*List the ratio of instructors to children in your program.* **5-6** students for every 1 instructor

19. SES Services in other States	*Have you provided SES services in other states?*
	   X☐ Yes ☐No
	
	If you have provided SES services in other states, has your program ever been removed from the list of approved providers?
	   ☐ Yes **X**☐No

I. BASIC PROGRAM INFORMATION

Please check one:
- ☒ Established, research based program: *Applying for Approval*
- ☐ Newly developed program: *Applying for Year 1 Conditional Approval* (For any of the following items that cannot be completed, mark with NA.)

1. Program Name	Tutorial Services
2. Federal EIN or Social Security Number	20-0704954
3. Subject Areas and Grade Levels Able to Serve	*Please check subject areas and list grade levels you address in working with students.* ☒ Reading Grades___K-12_____ ☒ Language Arts Grades____K-12_____ ☒ Mathematics Grades___K-12_____ ☒ Other (Specify) _Science_____Grades__K-12__
4. Grade Levels and Subject Areas Currently Served	*Please list subject areas and the grade levels of your students currently served.* **Language Arts/Reading – K-12 Math – K-12 Science – K-12**
5. Date SSP Formed	*Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.* **February 2004**
6. Number of Students Currently Served	*Please provide the number of students you currently serve, by subject and grade level.* <table><tr><td>K: 17 Math, 18 LA</td><td>7th: 60 Math, 59 LA</td></tr><tr><td>1st: 30 Math, 33 LA, 1 SC</td><td>8th: 51 Math, 49 LA</td></tr><tr><td>2nd: 35 Math, 40 LA, 1 SC</td><td>9th: 35 Math, 36 LA</td></tr><tr><td>3rd: 58 Math, 60 LA</td><td>10th: 57 Math, 55 LA</td></tr><tr><td>4th: 80 Math, 86 LA</td><td>11th: 55 Math, 53 LA, 1 S</td></tr><tr><td>5th: 56 Math, 60 LA, 1 SC</td><td>12th: 67 Math, 67 LA</td></tr><tr><td>6th: 56 Math, 54 LA</td><td></td></tr></table>
7. Minimum/Maximum Number of Students Able to Serve	*Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.* **1** *Please indicate the maximum number of students you will be willing to serve per school site.* **500**

8. Service Area	*Please list the district(s) and school(s) in which you are able to provide services.* District(s): All School(s): All
9. Geographic Setting	*Check the setting(s) in which you are prepared to provide services.* ☒ Urban ☒ Rural ☒ Suburban

10. Place of Service	*Please check the location(s) that best describes where you deliver services to students.*
	☐ School
	☐ Business
	☐ Place of religious worship (e.g., church synagogue, mosque, temple)
	☐ Community Center
	☐ Provider's home
	☒ Student's home
	☒ On-line
	   • Accessed from: Laptop computer we provide
	☐ Other: _____
	Is this location accessible to handicapped individuals?
	  ☒ Yes ☐ No
	How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)

11. Specific Student Populations Served	*If your organization has provided supplemental services to any of the following groups, please check the corresponding box.*
	☒ Low-Income students
	☒ Minority students
	☒ Migrant students
	☒ Limited English proficient students
	   Indicate particular language(s) with which you have expertise Spanish
	X Special education students
	☐ Other: (describe) _____
	☐ *Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.*
	   ☐ Yes ☒ No

12. Type of Organization	Please check the category or categories that best describe your organization.
	☒ For Profit
	☐ Not for Profit
	☐ School
	☐ District
	☐ Educational Service Unit
	☐ Institution of Higher Education
	☐ Faith-Based Organization
	☐ Community Agency
	☐ Individual
	☒ On-line
	☐ Other (describe) _____
13. Time of Service	Check the time(s) that best describe when you deliver services to students.
	☒ Before School
	☒ After School
	☒ Weekends
	☒ Summer
	☐ Other
14. Length of Service	(a) Describe the total number of hours tutoring will be provided (e.g. 40 hours)
	(b) Describe the length of time you estimate your program will operate (e.g. 15 weeks)
	(c) Describe how your program will operate (e.g. 60 minutes three times per week)
	The total number of tutoring hours depends on district requirements. Students take about 16 weeks to complete the program. Students login 2-4 times a week for approximately one hour sessions.
15. Cost	Provide an average **_per pupil cost_**, per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a _specific_ description of your pricing structure.
	$60/hour
16. Diagnostic Assessment	Name the instrument that will be used to diagnose skill levels of each individual student.
	CompassLearning Odyssey Pre/Post assessment diagnostic.

17. Mode of Instruction	*Please indicate which keyword(s) best match your program's offerings:* ☒ Individual tutoring ☐ Small group tutoring ☒ On-line ☐ Computer Assisted *Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.* **Tutorial Services is a web-based/online, individual, tutoring program. We provide a laptop computer for the students to use in home for their tutoring needs. The program specializes in Math, Language Arts, Reading, and Science for grades K-12. Our tutoring program is accessible 24/7, 7 days a week.**

18(b). Technology	*If On-line and/or Computer Assisted were checked in the previous box, please complete the following.*
	  a. *Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program.* **Mark as Documentation I.18(b)**
	  b. *Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.*
	  c. *How will you provide orientation and consultation with the school staff, students, and parents?*
	  d. *How will you provide continuous on-site support to participating students?*
	
	B. High speed internet. We can provide an internet device, if the student does not have access to the internet.
	C. Through mail, email, and phone calls.
	D. Our hours of operation are from M-F 8am- 11pm Eastern time; where we will be available by phone and email. We are also available on Saturdays from 10am-4pm Eastern Time in order to meet the needs of every student and parent schedule. Email is also available to every student and parent through the tutoring program

18. Student/Instructor Ratio	*List the ratio of instructors to children in your program.* 1 students for every 1 instructor

19. SES Services in other States	*Have you provided SES services in other states?*
	    ☒ Yes ☐No
	
	If you have provided SES services in other states, has your program ever been removed from the list of approved providers?
	    ☐ Yes ☒No

I. BASIC PROGRAM INFORMATION

Please check one:

☐ Established, research based program: **Applying for Approval**

x☐ Newly developed program: **Applying for Year 1 Conditional Approval** (For any of the following items that cannot be completed, mark with NA.)

1. Program Name	Dispelling Dyslexia Screening and Tutoring Program Voice Advocacy Center
2. Federal EIN or Social Security Number	45-4619431
3. Subject Areas and Grade Levels Able to Serve	*Please check subject areas and list grade levels you address in working with students.* x☐ Reading Grades_k-12_____ x☐ Language Arts Grades____k-12_____ ☐ Mathematics Grades_____ ☐ Other (Specify) _____Grades_____
4. Grade Levels and Subject Areas Currently Served	*Please list subject areas and the grade levels of your students currently served.* New program but plan on serving k-12 reading and language arts
5. Date SSP Formed	*Please list the date (month and year or list range within years) in which you first delivered supplemental educational services to students.* *New Program*
6. Number of Students Currently Served	*Please provide the number of students you currently serve, by subject and grade level.* *5-Reading and language arts*
7. Minimum/Maximum Number of Students Able to Serve	*Please indicate the minimum number of students who must be enrolled in order for you to serve a school that is offering Supplemental Educational Services.* ***1*** *Please indicate the maximum number of students you will be willing to serve per school site.* ***200***

8. Service Area	*Please list the district(s) and school(s) in which you are able to provide services.* District(s): Omaha Public, Millard, Ralston, Lincoln, Bellevue& Papillion School(s): Omaha. Bellevue, Millard, Lincoln, Ralston, Papillion Schools
9. Geographic Setting	*Check the setting(s) in which you are prepared to provide services.* ☐x Urban ☐ Rural x☐ Suburban

10. Place of Service	*Please check the location(s) that best describes where you deliver services to students.*
	x☐ School
	x☐ Business
	☐ Place of religious worship (e.g., church synagogue, mosque, temple)
	x☐ Community Center
	☐ Provider's home
	☐ Student's home
	☐ On-line
	   • Accessed from: _____
	☐ Other: _____
	Is this location accessible to handicapped individuals?
	  x☐Yes ☐ No
	How will transportation be addressed, if needed? (Note: Districts are not required to provide or pay for transportation.)
	
	Parents will be required to get students to tutoring site except for in instances where tutoring is done at school. The Center is located along a bus line for those without automobile access.

11. Specific Student Populations Served	*If your organization has provided supplemental services to any of the following groups, please check the corresponding box.*
	
	x☐ Low-Income students
	x☐ Minority students
	☐ Migrant students
	☐ Limited English proficient students
	    Indicate particular language(s) with which you have expertise _____
	x☐ Special education students (with learning disabilities)
	x☐ Other: (describe) **children who fit the classic dyslexia profile**
	☐ *Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.*
	    x☐ Yes ☐No

12. Type of Organization	*Please check the category or categories that best describe your organization.* ☐ For Profit x☐ Not for Profit ☐ School ☐ District ☐ Educational Service Unit ☐ Institution of Higher Education ☐ Faith-Based Organization ☐ Community Agency ☐ Individual ☐ On-line ☐ Other (describe) _____
13. Time of Service	*Check the time(s) that best describe when you deliver services to students.* ☐ Before School x☐ After School x☐ Weekends x☐ Summer ☐ Other
14. Length of Service	(a) *Describe the total number of hours tutoring will be provided (e.g. 40 hours)* **30 hours** (b) *Describe the length of time you estimate your program will operate (e.g. 15 weeks)* **15-16 weeks** (c) *Describe how your program will operate (e.g. 60 minutes three times per week)* **60 minutes twice a week**

15. Cost	*Provide an average* **per pupil cost**, *per unit of service. Describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a specific description of your pricing structure.* **Per pupil cost is $50 an hour per session twice a week..**
16. Diagnostic Assessment	*Name the instrument that will be used to diagnose skill levels of each individual student.* *Barton Dyslexia Screening Assessment* **It takes more than just test scores to accurately determine if a child has dyslexia. We look at the entire child – their genetic, developmental, and educational history; every prior testing report; their current strengths and weaknesses; and the results from 8 screening tools. This process includes:** **Two in-depth parent interviews(one by phone, one in person)** **A complete records review, current schoolwork samples, and results of 8 screening tools to accurately determine if a child or teenager "fits the dyslexia profile" as well as the severity of their dyslexia**
17. Mode of Instruction	*Please indicate which keyword(s) best match your program's offerings:* x☐Individual tutoring x☐ Small group tutoring ☐ On-line ☐ Computer Assisted *Provide a very brief (5 sentences maximum) description of your program's offerings that parents could use in their initial search process.* **Voice Advocacy Center-Dispelling Dyslexia, Screening and Tutoring Center is a one-on-one tutoring program that will greatly improve the spelling, reading, and writing skills of children, teenagers or adults who struggle due to dyslexia or a learning disability. We also provide parents of children who receive special education services with a special education advocate to assist them in working with the school system to ensure that their child is receiving an appropriate education. The Center works with the Parent and the school if applicable to create goals to monitor achievement.**

18(b). Technology	*If On-line and/or Computer Assisted were checked in the previous box, please complete the following.* **N/A** a. *Provide documentation that you own or have an agreement to use software and/or web-based tools utilized in your program.* **Mark as Documentation I.18(b)** b. *Describe the minimum on-site technical requirements (i.e. hardware, software, internet access, etc.) necessary to implement your services effectively.* c. *How will you provide orientation and consultation with the school staff, students, and parents?* d. *How will you provide continuous on-site support to participating students?* **The approach provides for a close teacher-student relationship that builds self-confidence based on success.**
18. Student/Instructor Ratio	*List the ratio of instructors to children in your program.* _1_ students for every 1 instructor
19. SES Services in other States	*Have you provided SES services in other states?* ☐ Yes x☐ No *If you have provided SES services in other states, has your program ever been removed from the list of approved providers?* ☐ Yes ☐ No